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The activities of the Four Corners Mental Retardation Project conducted by the Western Interstate Commission for Higher Education are described in this document. The purpose of the project was to enhance services for the mentally retarded in the Four Corners Area (Arizona, Colorado, New Mexico, and Utah) focusing on the mentally retarded in the minority groups in the area (48.3 percent of the residents are Indian and 8.2 percent Spanish surname). A directory of services available to the mentally retarded was developed. Ten indigenous residents (8 Indians and 2 Spanish surname) from different communities in the area were trained in the fundamentals of mental retardation to help identify mentally retarded individuals, assess their needs, and to aid in providing necessary services to meet the needs identified. These bilingual, multi-cultural staff members were able to communicate the complex concepts of mental retardation to their own people. Field work and activities, results of a survey of handicapped persons in the Four Corners Area, services needed, and program development are discussed and 30 recommendations are offered. The appendices include an interim report of the project, consultant's reports, lists of agencies contacted, and letters from State Advisory Board members. (SW)

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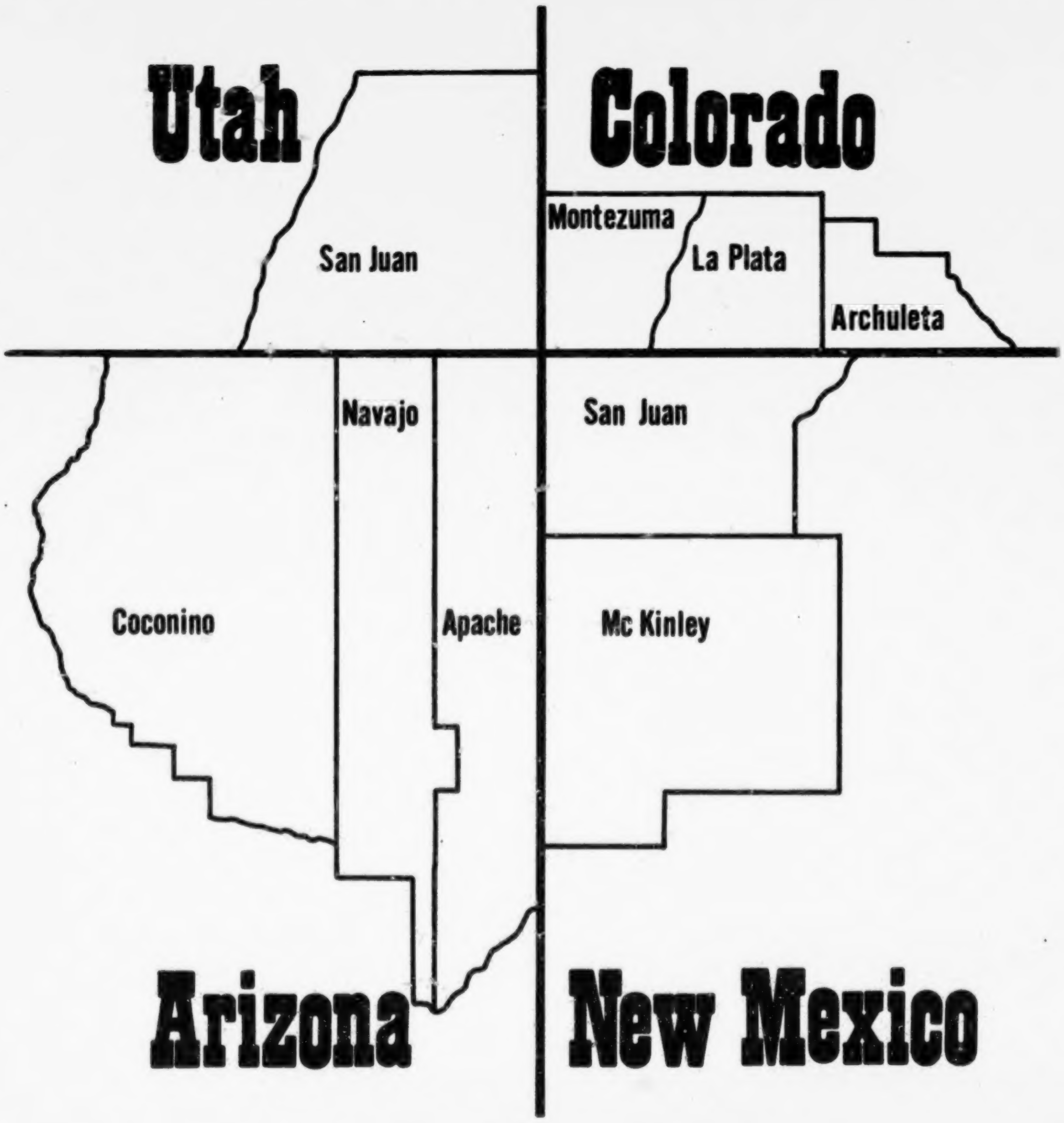
Four Corners Mental Retardation Project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FOUR CORNERS MENTAL RETARDATION PROJECT

The Training and Use of Indigenous Aides in a Sparsely Populated, Economically Depressed Region

FINAL REPORT

The first phase of the program described in this report was conducted under contract to the Arizona State Health Department. This contract was made possible by the Rehabilitation Services Administration of the Social and Rehabilitation Services, Grant No. 25-68, in cooperation with the states of Arizona, Colorado, New Mexico and Utah. The second phase of the program was conducted under contract to the Four Corners Regional Commission.

Luallen B. King, Project Director

Western Interstate Commission for Higher Education
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Boulder, Colorado 80302

July 31, 1969

FOREWORD

The following report describes the activities of the Four Corners Mental Retardation Project conducted by the Western Interstate Commission for Higher Education. The first phase of the project, under contract to the Arizona State Department of Health, is described in Appendix I. The second phase of the Project was made possible by a contract with the Four Corners Regional Commission.

The purpose of the Project as a whole was to enhance services for the mentally retarded in the Four Corners Area. This was done by 1) developing a Directory of Services Available to the Mentally Retarded in the Four Corners Area; 2) training ten indigenous workers in the fundamentals of mental retardation; 3) placing the trained workers in several communities in the area to identify mentally retarded individuals and endeavor to get necessary services for them; 4) stimulating existing agencies to offer additional services for the retarded person; 5) coordinate the four states of the area in preliminary steps necessary to develop a network of sheltered work enterprises for the area; and 6) survey agencies in order to identify the extent of handicapped persons living in the Four Corners Area.

The Advisory Board and the Regional Mental Retardation Consultants of Federal Regions 7, 8 and 9 of the United States Department of Health, Education and Welfare are due special acknowledgment for their efforts in conceiving the Project and meeting the Project goals. All of the agencies contacted are to be acknowledged for the time and guidance given to the Project staff.

The following specialists gave of their time in assisting with the training program: Dr. Phillip Daniels, Dr. Harold Dent, Dr. Joan Fairchild, Mr. Robert Ferrier, Mr. William Howard, Mr. William Kelsay, Mrs. Marjorie Kirkland, Dr. Byron C. Moore, Dr. Elwood Pace, Mr. Dan Payne, Mr. Robert Porter, Mr. T. K. Taylor, and Dr. R. C. Vanderwagon. The staff members of the State Home and Training School in Grand Junction and the staff members of the Arizona Children's Colony gave time and help during training visits to the two institutions.

Special acknowledgment should be made to the Four Corners Regional Commission for making it possible for the Project to fulfill its primary goals.

Mrs. Luallen B. King
Project Director
Four Corners Mental Retardation
Project

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INTRODUCTION

The Four Corners Mental Retardation Project has for the past sixteen months focused its efforts on identifying the needs of the mentally retarded in the Four Corners Area, primarily, but not exclusively, the mentally retarded in the minority groups in the area. 48.3 percent of the residents of the area are Indian and 8.2 percent of the residents are of Spanish surname.

Among the myths that have long been accepted as truth is that man has the right and the freedom to plan his own destiny. While this may apply for some, it does not apply to the American Indian living on his own land. The philosophy underlying the governing of the Indians is a relationship based upon a trustee and a ward. This type of relationship makes it very easy for the Bureau of Indian Affairs to have a paternalistic attitude toward the Indian. The Bureau administers to the needs of the Indian and, as a result, the Indian has very little contact with the rest of the world. The Indian is dependent on the expertise brought to him by the Bureau and that expertise is not always of the highest level.

Mr. Stan Steiner, in his recent publication The New Indians states:

> "Granting of citizenship did not give the Indian the right of self-determination. As a matter of practice, the Indian has been, and is, almost wholly governed by directives issued by the Secretary of the Interior under the broad discretionary powers granted him by Congress.
>
> "There is but one thing the Indian can do without anyone's permission. He can leave his reservation. . .But, if he wishes to be a tribal Indian he has to have permission. Paternalism governs only those things the Indian does as an Indian. On his reservation. In the tribal way. He is politically a child as long as he believes in tribalism--in the legal eyes of paternalism."[1]

The public has been disinterested in the plight of the Indian and has allowed deplorable conditions to go unattended. For example, the infant mortality rate among Indians is higher than any other group in the nation; the unemployment rate is ten times as large as the unemployment figure for the country as a whole; the Indian has the highest suicide rate and alcoholism is rampant. The life expectancy for the Indian is far less than the national figure; the incidence of tuberculosis is five times as large as for the total population; viral infections, pneumonia, and malnutrition are common among Indian children contributing to ill health and to mental retardation.

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[1] Steiner, Stan. The New Indians. Harper and Row, New York, 1968, p. 265.

Not all Indians wish to leave the reservation and the Indian is interested in having more to say about his way of life on the reservation. Mr. Steiner quotes from a July 4th issue of the Navajo Times when the tribal newspaper editorialized:

> "Perhaps, for the Indian, the celebration is a bit premature. . .The day will come, and is rapidly approaching all the time, when the part of Webster's definition of Independence which reads 'self-maintenance' will become a reality. We call it self-determination in Navajoland, but it means the same thing."[2]

The Four Corners Mental Retardation Project has supported the concept that the Indian wishes to and can be effective in helping the more dependent individuals in his community. Therefore, one of the two primary goals of the Project was to demonstrate that Indian staff members, trained in the basic concepts of mental retardation, could function as the first point of referral to community services. In being the first point of referral, they could identify otherwise unknown mentally retarded individuals and follow up on services received.

The Project has trained ten residents of different communities in the area in the fundamentals of mental retardation and services offered by agencies in the area to assist the mentally retarded. Eight have been Indians and two have been of Spanish surname. Because the members of the staff are "indigenous" residents of the area, bilingual, of multi-cultural background, they have achieved far more than professionals or outsiders could possibly be expected to achieve.

Communication has been one of the main barriers between races, nationalities, ethnic groups, economic levels, and even between males and females. The knowledge that people talk better together if they speak the same language-- whether it be "hippyese" or Navajo-- has been well documented. The Project staff members have proven themselves to be capable of understanding and communicating the complex concepts of mental retardation to their own people. Not only have they concerned themselves about retardation, but about total individual and family problems.

The second primary goal of the Project was to identify and enhance the services available in the Four Corners Area for the handicapped person, specifically the mentally retarded.

Social workers, medical practitioners, psychologists, educators, and other members of the helping agencies have had a tendency for many decades to think of helping people only in the light of each one's specific discipline. These professional persons are beginning to change their emphasis to one of combining their efforts to solve the problems of the "whole" person. The field of mental retardation has been very influential in helping this change come about, as the range of problems presented by the mentally retarded fall within the purview of all the helping disciplines.

The professional persons must now realize that it is equally important for them to recognize communication barriers between the agency personnel and the clientele they are endeavoring to serve. A university trained, middle-class Anglo agency person is most effective when working with middle-class Anglo clients. Even the most understanding and empathetic worker of whatever cultural background cannot communicate at a "real" level with the client of a different culture as well as a person of that same cultural background.

Even though great effort has been made to professionally train members of different cultures, the shortage is still acute and, in addition, the effectiveness of the training is at times questionable. It is, therefore, the strongest recommendation of the Four Corners Mental Retardation Project that, 1) a major emphasis be given immediately to the utilization of "indigenous" persons working in the helping services. It is absolutely necessary that the agencies re-examine their policies, priorities, budgets, and staff in order to provide training and supervision for interested persons who wish to help their own people. The multi-cultural person should be considered as a specialized worker within an agency--not just an "aide," "translator," or "interpreter," because they have specialized cultural skills to offer to the agency.

The multi-cultural person should be utilized on the staffs of all agencies--volunteer, local, state, and Federal--not only in the work but in planning activities and in consulting roles. This person should be paid a salary commensurate with the individual skills that he will bring to enhance the services offered by each agency based on rates received by Anglos in the agency.

2) An emphasis must continue to be placed on providing cross-cultural experiences (interships, scholarships, etc.) in the training of professional persons of a multi-cultural background.

FIELD WORK

During the first six months of the program, five aides were hired. Four of them were Navajo men working in Shiprock, New Mexico; Chinle, Arizona; Window Rock - Fort Defiance, Arizona; and Blanding, Utah. One girl, a member of the Ute Mountain Tribe, worked in the Towaoc - Cortez area of Colorado.

Staff

In November of 1968, two of the Navajo men accepted full-time positions. One with the Office of Navajo Economic Opportunity Alcoholism Program and the other with the Welfare Department of the State of Arizona.

By January, 1969, there were eight staff members. Three of the original five aides were still on the staff and five new aides had been added. The new aides included one Navajo man to work in the Crownpoint - Gallup - Fort Defiance and Window Rock area; two Navajo women, one to work south of the Shiprock area, and one to work in the Lukachukai - Chinle area of Arizona; and one Spanish-speaking man to assist the Director in field supervision and to work in the Gallup area.

The field staff members were recruited through state and tribal employment agencies and by contacts with individuals in welfare and social agencies. They range in age from twenty-one to forty-eight and have had a variety of work experiences.

The criteria used for hiring was: 1) that they speak either Spanish, Navajo, or Ute (depending on the work location); 2) that they read, write and speak English; 3) that they have an interest in helping others, particularly the handicapped; and 4) that they have enough self-confidence to approach strangers and to speak to groups.

Field Staff Members

Mr. Torbio Garcia, Spanish-speaking, Gallup, New Mexico. Mr. Garcia is assistant to the Project Director and works as a field supervisor. He has completed three and one-half years at Draughan Business College, Albuquerque, New Mexico, and has been working for two and one-half years for the Office of Economic Opportunity in Gallup organizing Neighborhood Center Programs.

Miss Irma Henderson, Navajo, Littlewater, New Mexico. Miss Henderson completed one year at Fort Lewis College in Durango, Colorado and worked one summer as an aide for the Bureau of Indian Affairs Social Service Department, Shiprock, New Mexico.

Mr. Reid Hoskie, Navajo, Gallup, New Mexico and Window Rock, Arizona. Mr. Hoskie has been a construction worker and attended Fort Lewis College, Durango, Colorado and Sawyers College of Business, Los Angeles, California.

Mr. George Kellywood, Navajo, Chinle, Arizona and Shiprock, New Mexico. Mr. Kellywood completed two years at Bacone College, Oklahoma, and has had extensive experience as an employment recruiter, construction worker, employment interviewer for the Navajo Tribe, liason representative between El Paso Natural Gas Company and the Navajo Tribe, and as a hospital attendant and aide.

Wesley Oshly, Navajo, Blanding, Utah. Mr. Oshley had experience as an interpreter for the Welfare Department, Blanding, Utah, and the Head Start classes, Office of Economic Opportunity, San Juan County, Utah.

Mrs. Lorena Smith, Navajo, Chinle and Lukachukai, Arizona. Mrs. Smith has worked as a dormitory attendant, a teacher's aide, and has helped train VISTA workers to work on the Navajo Reservation.

Mr. Chris Valdez, Spanish-speaking, Farmington, New Mexico. Mr. Valdez just returned from a year's duty in Viet Nam and attended high school in Dulce, New Mexico.

Miss Dorinda Wing, Ute Mountain, Towaoc, Colorado. Miss Wing has attended high school in Cortez, Colorado and has had experience working with the Office of Economic Opportunity, Head Start Program in Towaoc.

Training Program

The goals of the training program were: 1) to acquaint the trainees with the fundamental nature of mental retardation, intellectual and social development programs, methods of prevention, diagnostic and evaluation services, treatment, vocational programs, and residential care; 2) to identify types of agencies and organizations providing services for the retarded, and 3) to understand the methods whereby the retarded person is brought to the service that will give assistance.

The three field workers who had been through the training for the first part of the Project were asked to give their opinions as to what particular parts of the training program were the most beneficial to them.

The training program for the additional staff members was adjusted by placing more emphasis on field and visitation experiences than on formal classroom theory and lecture.

Dr. Phillip Daniels, Professor of Psychology, Brigham Young University, worked with the staff in communication skills and interpersonal relationships. His emphasis was placed on the importance of keeping communication lines free and open between the central office and the work in the field. In the cases of trainee-aides who were bi-lingual, but didn't speak the same languages, English was the language that needed to be used for communication, in both its spoken and written form. Dr. Daniels emphasized the importance of keeping the whole Project integrated as a unit by encouraging staff members to feel a relationship to each of the other staff members in their work production.

The second phase of the training program entailed a trip to the Phoenix, Arizona area. The staff drove to Arizona Children's Colony, Coolidge, Arizona. The Colony made housing and board available as a contribution to the Project. Dr. Byron C. Moore, Professor of Psychology, Special Education Department, Arizona State University, served as Training Consultant during the Colony visit. Dr. Moore had served as the Director of Psychological Services at the Colony prior to his association with Arizona State University and was familiar not only with the field of mental retardation but with the residents and staff members of the Arizona Children's Colony.

The training program at the Colony consisted of short lectures containing theory of programs, treatment, and etiology of mental retardation, interspersed with visits to specific classrooms and residences within the Colony to observe examples of the concepts contained in lecture material. The Project staff members were given an opportunity to participate in all programs of the Colony, including adult programs carried on during the evenings.

Following the training sessions at the Colony, the Project staff visited two community day programs in Phoenix, one pre-school program for thirty-four retarded children and a sheltered workshop which contained a terminal work-training program and an activity program for retarded adults.

Additional lectures were given the field staff during Project staff meetings. Presentations were made by Mr. William Howard, Social Services Department, Bureau of Indian Affairs, Shiprock Agency; Dr. R. C. Vanderwagon, Division of Indian Health, Public Health Service, Window Rock, Arizona; and Dr. Harold E. Dent, Mental Retardation Consultant, Social and Rehabilitation Services, Department of Health, Education, and Welfare, Region IX.

Additional site visits were arranged to coincide with work activities. One staff meeting included a visit to the Robin Rogers School, Cortez, Colorado, a day training school for trainable mentally retarded children. Visits to special educational classes held in Bureau of Indian Affairs Boarding Schools at Teec-Nos-Pos, Arizona; Toadlena and Sanostee, New Mexico; and Aneth, Utah, were made as often as the trainees were in those areas. All of the staff members participated in the day training programs for retarded children in Farmington and visited the sheltered workshop in Gallup. Visits during the entire program were made to social service agencies, health agencies, and schools (see Appendix III) where staff members had an opportunity to discuss the Project with agency personnel and to learn more about the programs and facilities offered for the mentally retarded by those agencies.

In May of 1969, all of the trainees visited Los Lunas Hospital and Training School in Los Lunas, New Mexico.

Analysis of Training Program

In the opinion of the trainees who experienced both training programs, they felt that the second training program was more effective. The opportunity to gain theoretical concepts and to work with the individuals in the programs at the same time, made a stronger learning impact and made facts easier to remember.

The staff members in evaluating the training programs, stated that working with the retarded persons and the staff persons who worked with the retarded were also valuable learning situations. The sessions with consultants during staff meetings helped to relate concepts with work activity.

Many organizations and agencies are at the present time designing academic training programs such as the one designed for the training of the field staff of the Four Corners Mental Retardation Project. The Project staff would like to make the following suggestions to others who wish to present similar programs: 1) The Dewey theory of learning by doing is most effective. Mental retardation is a complex field of study, but to be able to learn the medical etiology of Down's Syndrome, for example, and then immediately following, play and talk with a child with Down's child, made understanding of the concept much more comprehensive. 2) Practicing explaining the Project's goals to each other before meeting with agency personnel in the field gave the field staff much more confidence in their early field work. 3) Learning to be open in their communications with the Project Director, Advisory Board members, and each other helped keep the central office informed of field activities and made it possible for the staff to work easily together. 4) Continuous training by the Project Director and various consultants during frequent staff meetings helped the field staff to clarify their activities and to understand better their part in relation to the goals of the Project.

Field Activities

Throughout the Project the staff members worked in particular areas of the Four Corners. During the first phase of the project, the counties of San Juan, New Mexico; San Juan, Utah; Montezuma, Colorado; and Apache, Arizona were the primary areas where the staff worked. During the second phase of the project more emphasis was placed on the original four counties and the county of McKinley, New Mexico was added.

One of the activities of the field staff was to do case finding of otherwise unknown retarded persons. Dr. Harvey Dingman stated in a recent Journal article:

> "Strangely enough, one of the most useful ways of finding retardates in the community is to talk to the parents of retardates and ask them the names of other people in the community who are known to be retarded. . .so that communication among persons with similar needs is probably more effective than the communication between social agencies."[3]

The few otherwise unknown cases that the field staff identified were found in the method that Dr. Dingman describes. Many cases were found by the field staff through discussions with relatives and friends. Reliance needed to be made, however, on existing agency information even though the agencies did not have complete information. Dr. Dingman further states in his article:

> "When we look at the mental retardation rate as reported from the files of social welfare agencies, the actual number of severely retarded, very young and very handicapped persons is not found. . .all the social agencies must be studied together to provide some kind of picture of retardation. But even then it must be realized that the retardate for whom there is no program will not be found on the roster of any social agencies, simply because social agencies do not record those persons for whom there is no program."[4]

In recognizing that the agencies in the Four Corners Area are under-staffed, many of the known cases had not been visited for a considerable length of time. Most of the cases the field staff worked with were referrals from social welfare agencies. The Project staff was too small to make a comprehensive effort at case finding. The data collected from agencies in the area, described further in this report, was one method the Project staff used to begin to identify the size of the problem in the area.

In working with known cases, the field staff was not able to be of much assistance in many cases because there were no services in the area to which referral could be made.

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[3] Dingman, Harvey F., "Mental Retardation: A Demographic View," The Pediatric Clinics of North America, Volume 15, Number 4, W. B. Saunders Company, Philadelphia, November, 1968.

[4] Ibid.

The following is a short report of the activities of each field staff member and their individual plans after completion of the Project.

Mr. Torbio Garcia served primarily as an assistant to the Project Director in the supervision and planning of field work activities. Mr. Garcia has served as Secretary for the Gallup Council of Community Agencies. The Council has been the sponsoring agency who established a sheltered work program for the Gallup area. At the present time there are ten clients in the workshop working on silversmithing and wood-art. The income from these activities has been approximately $200 per month for the past year and a wood-art teacher and a silversmith teacher are employed in the workshop. A grant has been written requesting assistance from New Mexico Vocational Rehabilitation and a building and matching funds have been provided by the Southwest Indian Foundation.

Mr. Garcia and Mr. Hoskie had an office in Gallup donated by the Community Action Program. Mr. Garcia made presentations to groups and individuals in Gallup, Window Rock, Fort Defiance, Crownpoint, Chinle, Cortez, and Blanding. In assisting the work of the other staff members, Mr. Garcia states, "Our first objective in our program was to reach the people in the Area who needed service for the mentally retarded. We also had to see what agency in the area could help, depending on what kind of service was needed. In order to do this, we had to be able to speak three languages. Many of the people in this area speak only Navajo or only Spanish and the agency people speak English. The only way to work in this area is to know the language, but that alone is not enough, one has to know the ways of the people, their traditions and beliefs or superstitions. The best way to help, therefore, is to employ them and train them in the ways they can help their own people."

Mr. Garcia, in his visits to communities throughout the area, investigated types of enterprises that could be developed within a sheltered work program. This information will be incorporated into the report of the Project Development Grant which is described later in this report.

On completion of the project, Mr. Garcia will attend the Workshop Administration Training Program at the University of San

Francisco on a scholarship. Upon his return, the Board of the Gallup Community Council is planning to employ him as director of the Gallup sheltered workshop program.

Miss Irma Henderson has been working in the Shiprock area and south. She has gathered social histories on families with mentally retarded children for the Social Services Department of the Bureau of Indian Affairs in Shiprock. She has utilized this information in helping to get services for the families she has visited. Miss Henderson was instrumental in developing the program in Shiprock, described later in this report, and has functioned as planner and coordinator of the program.

In one instance, Miss Henderson had a five-year old hyperactive child in the program who was very difficult to manage. She called on a Public Health Service physician at the Shiprock Hospital, and helped the parents to understand the need for the physician to see the boy. The boy is now under medication which makes him much easier to work with and plans are being made with the parents and the preschool program in Farmington for placement.

Miss Henderson states, "We could have children from Sanostee and Teec-Nos-Pos to participate in our program but the transportation is the problem. Even the children in Shiprock sometimes don't make it to class due to lack of transportation....I think the children feel free in talking to someone of their own cultural background and I think this is one of the reasons many Anglos who come to work with the Indian "think" the Indian is so backward. The Project has done a good job in hiring the natives to help with the work of the Project."

Upon completion of the Project, Miss Henderson will become a classroom aide in a Bureau of Indian Affairs School and will attend night classes at San Juan Community College.

Mr. Reid Hoskie worked primarily in Window Rock - Fort Defiance, Arizona and in Tohatchi and Crownpoint, New Mexico. Mr. Hoskie referred several cases to existing agencies and was instrumental in getting much information for the Project survey of handicapped persons. Mr. Hoskie made several talks at Navajo Chapter meetings and school staff meetings. He also served as a member of the Community Development Committee of the Tohatchi Chapter of the Navajo Tribe.

Mr. Hoskie comments on the work he did in the Window Rock Area. "A month or two after being in this area, with the help of the consultation team (Technical Assistance Consultants) and a couple of conferences on mental health and the handicapped in employment, the people in the top offices became a little concerned about these unfortunate people. The schools, welfare and health service personnel have begun to be a little more interested in the retarded and handicapped persons. The Navajo Tribal Council became more interested in getting more services for the retarded and the handicapped."

Upon completion of the project, Mr. Hoskie is to join the staff of the New Mexico Vocational Rehabilitation Department as a counselor working with the Navajo out of the Gallup office.

Mr. George Kellywood was employed by the Project for a year. During the first phase of the Project he worked in the Chinle, Arizona area. During the second phase of the Project he worked north and east of Shiprock. Mr. Kellywood was very instrumental in identifying mentally retarded persons who had not been previously identified. His experience and knowledge of the Navajo people is vast and he is acquainted with or related to someone in every community of the Reservation. Mr. Kellywood worked closely with Miss Henderson in setting up the Shiprock program. He also discussed with parents facts regarding institutionalization of their children. He states the Navajo feelings about sending their children away. "The BIA asked me to make follow-up on persons on the waiting list for institutions and talk to the family. Sometimes the family have changed their minds about having their child go into an institution. Some Navajo want their child to go to the institution right away but there is no room for them. Most of the Navajo, however, don't want their children taken far away; they wish they have an institution on the Navajo Reservation, but we have to tell them there are no services whatsoever for the Navajo children on the Reservation."

Mr. Kellywood also serves as a member of the Community Development Committee of the Shiprock Chapter. He has been instrumental in helping the Chapters to pass a resolution requesting more services for the mentally retarded on the Reservation.

Upon completion of the Project, Mr. Kellywood will join the staff of New Mexico Vocational Rehabilitation as a Counselor II, working with the Navajo out of the Farmington office.

Mr. Wesley Oshley worked primarily with the Welfare Department and Head Start classes in the Blanding, Utah area. Mr. Oshley was instrumental in identifying many cases in San Juan County, Utah, but had difficulty in convincing the parents that services were needed. In two instances, the parents preferred to look to the medicine man for help rather than generic services. Mr. Oshley left the Project after nine months because he felt he wasn't effective in working with mentally retarded individuals.

Mrs. Lorena Smith worked in the Chinle - Lukachukai area of Arizona during the second phase of the Project. Mrs. Smith assisted the Social Service Department of the Chinle Agency of the Bureau of Indian Affairs in gathering social history information on mentally retarded individuals. She is a member of a committee in Chinle who are endeavoring to develop special education classes in cooperation with the Public school and the boarding schools.

Mrs. Smith made the following statements regarding her work with the Project: "One of the things that the Project did for us was to help us to learn public relations. We had to meet people of different personalities and home situations. Some were difficult to communicate with but the majority of them were very cooperative. Some of the things our Project accomplished, or began to, was that we gave a dim light to our Navajo people that there was such a thing as mental retardation. This information was explained to different people as we did our case finding with both the common Navajo and officials of the Navajo Tribe."

Mrs. Smith plans to search for a job that will help utilize the knowledge and skills she acquired during the Project.

Mr. Chris Valdez worked in Farmington - Aztec - Bloomfield, New Mexico and areas east of these cities. Mr. Valdez endeavored to get transportation for children in Aztec and Bloomfield so that they could attend the trainable program in Farmington. He was unable to find necessary transportation. He states, "I tried to start a program in Aztec, but the people who were willing to help expected to get paid for their services. The others did not seem to have the time. I had the use of a church but no interested people."

Mr. Valdez worked with individual mentally retarded children referred to him by Vocational Rehabilitation and the Department of Social Services in Farmington. He worked extensively with a pre-school child who did not have speech and has helped improve her speech over the past months. Mr. Valdez was also very instrumental in getting information for the survey of handicapped in the Four Corners.

At the termination of the Project, Mr. Valdez is planning to attend college to train himself to work in one of the helping agencies.

Miss Dorinda Wing has spent part-time as an aide in the Robin Rogers School in Cortez, Colorado, which operates a program for trainable school age children. Miss Wing has also worked with the Ute Mountain Tribe in gathering family history information. She has been successful in getting one Ute boy evaluated and placed in the Robin Rogers School and is working on an additional case. Miss Wing has served as a member of the Montezuma County Community Board for the Mentally Retarded and Seriously Handicapped, Inc. She has also been working with the Head Start program in Towaoc, Colorado.

Upon completion of the Project, Miss Wing will become an aide on the staff of the Robin Rogers School.

Analysis of Field Activities

It must be mentioned that field work was hampered by the inability of the field staff to define or describe mental retardation in their own languages. The Navajo and Ute languages use the word "crazy" to refer to both mental illness and mental retardation. This problem was overcome by several methods used by the trainees. They described mental retardation in the words which most suited them as individuals. Description was used, "differences" from other children in the family, or damage to the head or brain.

The analysis of field work presented in the Interim Report (Appendix I, pages 11-15) pertains to the second phase. The fact that Mr. Garcia assisted the Project Director with field supervision helped to better coordinate field activities during the second phase of the Project.

During the second phase of the Project, more emphasis was made in the areas of public education, stimulating agencies to offer programs for the handicapped, and helping develop programs. However, case finding and referring cases to agencies was still maintained as a primary activity. Field staff were invited to attend meetings and to participate in community activities, which indicates that they are becoming recognized as knowledgeable in the field of mental retardation and are thought of as community leaders.

SURVEY OF HANDICAPPED PERSONS IN THE FOUR CORNERS AREA

As the Project staff met with persons in the Four Corners area, statements were made that there existed a large number of handicapped persons who needed services or needed additional services. There was, however, no existing data kept by agencies that would document the numbers of individuals in the area with handicapping conditions such that they could not function as well as the able-bodied and would, therefore, need special services.

The Project has endeavored to gather data on handicapped individuals in the area.

A card was printed (see Appendix IV) and distributed to agencies in the Four Corners Area asking for information, to be held as confidential, from the case files of existing agencies. The following information was asked for: name, address, parent's name, age and sex. Type of handicap was broken into sensory (sight, hearing, perception and speech); mental (educable, trainable, profound); and physical (non-ambulatory and ambulatory). A space was allowed for remarks and the name of the agency submitting the information.

Because of time and staff limitations of agency personnel and Project personnel and funds, specific detailed information was not asked. The names were necessary to omit duplication. Identification of handicap was easily checked on the card. The additional categories of "mentally retarded, unspecified" and "other physical handicap" were used in data processing to account for information given that was not otherwise specified on the card form.

When asked by an agency, the Project field staff helped to record data.

The University of New Mexico donated key punching and cards. Dr. Byron Moore, Arizona State University, programmed the data and it was processed by Arizona State University.

Table I

The agencies participating in the data collection are listed in this table by name of agency, number of cases from each agency, and the percent of the total number of cases.

Data was requested on all handicapped individuals. In some

Table I. All agencies participating in data collection.

Participating agency	Number of cases	Percent of total number of cases
No agency mentioned	3	0.15
Bureau of Indian Affairs:		
Shiprock Agency	218	10.98
Tuba City Agency	74	3.73
Chinle Agency	137	6.90
Ft. Defiance Agency	64	3.22
Eastern Navajo Agency	26	1.31
Zuni Agency	1	0.05
Public Health Service, Div. of Indian Health:		
Ft. Defiance	36	1.81
Chinle Health Center	10	0.50
Gallup, New Mexico	55	2.77
Health and Social Service:		
San Juan County, Utah	33	1.66
San Juan County, New Mexico	154	7.75
McKinley County, New Mexico	58	2.92
Vocational Rehabilitation:		
San Juan County, Utah	14	0.70
San Juan and McKinley Counties, New Mexico	862	43.40
Northern Arizona	5	0.25
Southeastern Colorado	2	0.10
Farmington, New Mexico School Dist., Sp. Ed.	62	3.12
Office of Economic Opportunity, San Juan County, New Mexico	15	0.76
New Mexico Employment Security, Gallup	15	0.76
Emergency Food & Med. Service, Gallup	1	0.05
Association for Retarded Children, Cortez, Colo.	2	0.10
Valley of the Sun, Phoenix, Arizona	58	2.92
Arizona Children's Colony, Phoenix, Arizona	81	4.08
Letters from parents	3	0.15
Total	1989	100.00

The total number of data cards numbered 1,989. Although race was not asked for, in totalling the agencies serving only Indians and by making an estimate based on name and residence, it is estimated that approximately 900 or 45.3 percent of the cases are Indian.

Table II

Each data card had a zip code number before processing. By using the zip code it was possible to know the number of persons residing in each state.

The State of Colorado agencies that were approached were unable, by policy, to release the information needed without special permission. Permission was obtained and information supplied by the State Home and Training School, Grand Junction and the State Department of Education. This information is not reported with the following data, as it arrived too late for processing. The data is, however, available at WICHE.

Table III

Table III provides information regarding the number of males and number of females included in the data. The larger number of males (67.1%) can partially be explained because of the large number of cards submitted by Vocational Rehabilitation. This agency rehabilitates more cases of heads of household who are predominately male.

Table IV

The number of cases by age are reported in this table. They were grouped according to below school age, school age, and adult. More cases (892) are reported from the school age groups as more children are identified when they enter their first years of school. A large number are also listed in the ages of 20 to 50 relating to the high number of cases reported from Vocational Rehabilitation. The average age of cases reported in the data is 25 1/2.

Table V

Sensory handicaps shown in this table indicate sight, hearing, perception, and speech. Many of the data cards indicated mul-

Table II. Participation by state.

State	Number of cases	Percent of total number of cases
Arizona	506	25.44
Colorado	9	0.45
New Mexico	1415	71.14
Utah	58	2.92
Total	1988	99.95

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Table III. Sex breakdown.

Sex	Number of cases	Percent of total number of cases
Male	1330	66.85
Female	652	32.80
Sex not indicated	7	0.35
Total	1989	100.00

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Table IV. Age groupings.

Age	Number of cases
0 - 5 years of age	56
5 - 12 years of age	370
13 - 20 years of age	522
21 - 35 years of age	467
36 - 50 years of age	323
over 50 years of age	182
no age reported	63
Total	1983

tiple handicaps and may be reported more than once in the handicap tables. For example, a profound mentally retarded child would probably have sensory handicaps as well as being non-ambulatory. More detailed data regarding multiple handicaps is available from WICHE.

Table VI

The mentally retarded are identified in this table. In cases where evaulation and classification had been made, the three categories of educable, trainable, and profound were specified. In 232 cases, no evaluation or classification has been made and were therefore listed as "MR unspecified." The total number of mentally retarded individuals identified (869) indicates the great need for services for the mentally retarded in the Four Corners Area. The number of mentally retarded served by community programs and by institutional programs is small compared to the number identified in this data.

Each individual data card giving zip code would make it possible for an individual agency to identify the needs of a specific area by contacting WICHE and giving zip code numbers of the area.

Table VII

The information on specific handicaps that are not mental or sensory were combined under "other physical handicap". The original data cards would need to be examined by an agency wishing to know specific physical handicaps. Some of the non-ambulatory cases are also mentally handicapped, but also many are normal mentally but unable to move about.

Table VIII

The graph in this table shows the percentage of the total data by age.

Table IX

Table IX is a graph indicating the percentage of handicapping conditions in relation to the total data collected.

Table V. Sensory handicapped.

Handicap	Number of cases
Sight	109
Hearing	134
Perception	80
Speech	189
Total	312

- - - - - - - - - - - - - - - - -

Table VI. Mentally handicapped.

Handicap	Number of cases
Educable	325
Trainable	203
Profound	109
MR Unspecified	232
Total	869

- - - - - - - - - - - - - - - - -

Table VII. Physically handicapped.

Handicap	Number of cases
Ambulatory	597
Non-ambulatory	128
Other Phys. Hndcp.	875
Total	1500

Table X

By using zip codes, the data was processed to indicate the type of handicap by state. The data would indicate need for speech therapy, for example, also need for evaluation services.

Table XI

The data was also processed to indicate the type of handicap by age. There is a strong indication of need for classes for educable and trainable children to be expanded in the Four Corners Area. The number of profound retarded individuals, primarily reported from the institutions participating, would indicate a great need for an institution to be located in the area.

Table VIII. Percent of total by age.

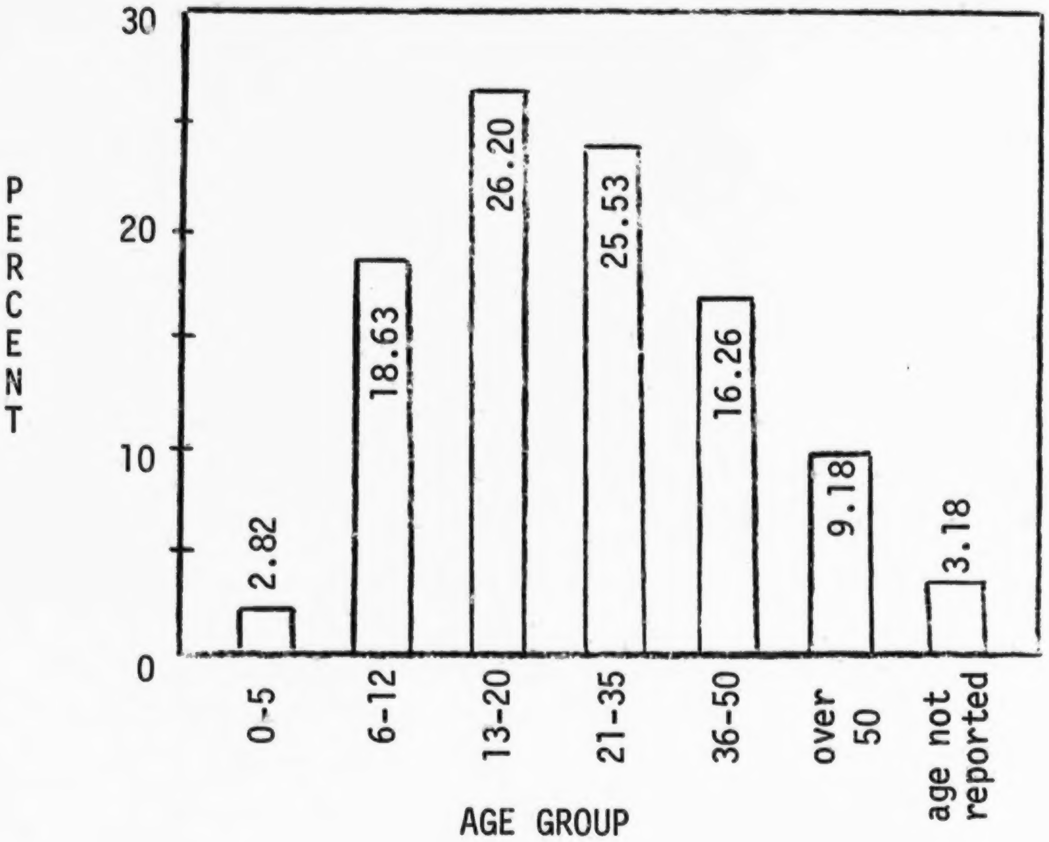

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Table IX. Percent of total by handicap.

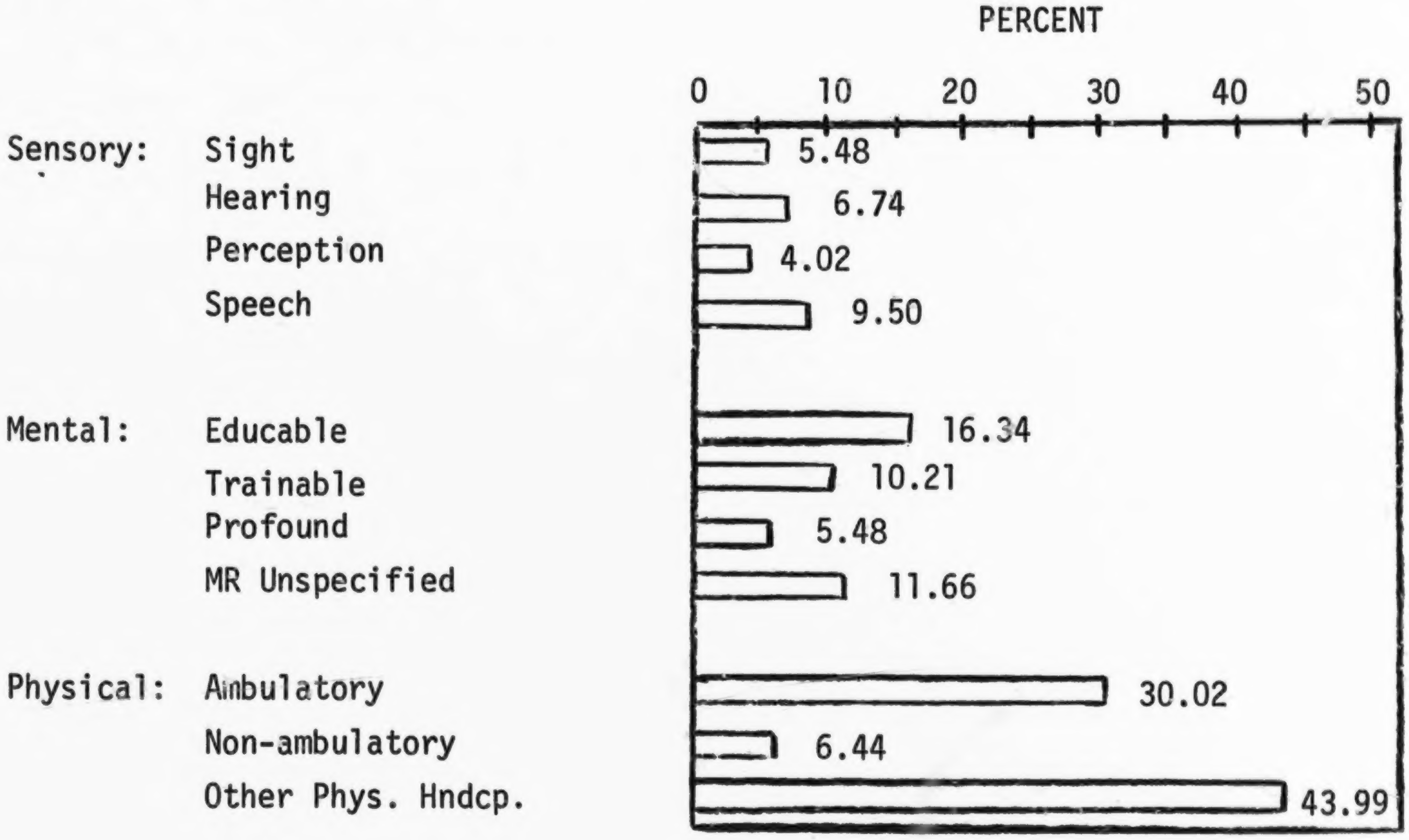

Table X. Handicap by state.

	Arizona	Colorado	New Mexico	Utah
Sensory Handicap:				
Sight	28	2	73	5
Hearing	48	1	83	2
Perception	57	2	19	2
Speech	105	3	76	5
Total	238	8	251	14
Mental Handicap:				
Educable	136	6	161	21
Trainable	113	0	102	6
Profound	59	1	47	1
MR unspecified	119	0	107	6
Total	427	7	417	34
Physical Handicap:				
Ambulatory	224	7	321	42
Non-ambulatory	53	1	81	4
Other	58	1	810	5
Total	335	9	1212	51

Table XI. Handicap by age.

	0 - 5	5 - 12	13 - 20	21 - 35	36 - 50	Over 50
Sensory Handicap:						
Sight	6	26	18	25	11	15
Hearing	8	33	49	15	13	10
Perception	8	40	23	6	0	1
Speech	16	82	65	17	4	2
Total	38	181	155	63	28	28
Mental Handicap:						
Educable	2	149	147	12	3	4
Trainable	6	73	71	38	8	7
Profound	12	36	32	23	3	1
MR Unsp.	13	51	86	42	15	6
Total	33	209	336	115	29	18
Physical Handicap:						
Ambulatory	21	224	217	69	26	30
Non-ambulatory	12	55	27	21	8	9
Other	5	23	131	298	164	132
Total	38	302	375	388	198	171

SERVICES NEEDED IN THE FOUR CORNERS AREA

The President's Committee on Mental Retardation in its report to the President, MR 68, made the following statements regarding the relationship of poverty and mental retardation:

> "To those of us with responsibility to advise on measures to combat mental retardation, the meaning of the known and apparent facts is clear: the conditions of life in poverty--whether in an urban ghetto, the hollows of Appalachia, a prairie shacktown or on an Indian reservation--cause and nurture mental retardation. We believe that attack on the fester points of poverty will also hit the causes of retardation in the nation's rural and urban slums."[5]

The Four Corners Area is a poverty area and there are needs for improvement in all services that help the residents of the area--handicapped and non-handicapped. The President's Committee further recommends attacks on the problems in rural areas:

> "The problems of the handicapped in rural America urgently require special attention.
>
> "In our preoccupation with urban needs and problems, we have overlooked a crisis in rural health, social service and education that has been steadily growing more acute . . . The basic fact is that people in most rural areas are too few, too scattered and often too poor to support adequate services.
>
> "This problem needs to be attacked on a regional basis. As in the cities, existing resources should be brought together and applied."[6]

The services available to residents in the Four Corners Area are described in the Project publication A Directory of Services for the Mentally Retarded in the Four Corners Area,[7] and further described in Appendix I, pages 5-7.

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[5] President's Committee on Mental Retardation. MR 68: The Edge of Change. Government Printing Office, Washington, D. C., 1968, p. 19.

[6] Ibid., p. 21.

After surveying the services available in the area, the Project recognized that services, when available, are located at such a distance as to make it costly and time consuming for the individual to receive service. There is a need for comprehensive services to be brought into the rural area, by mobile units as well as in the small communities.

The following are services described with specific needs stated.

Physical and Mental Health Services

The Division of Indian Health of the Public Health Service has the responsibility for providing medical service to all of the Indians in the area. Hospitals and clinics, however, are located in the more populous communities making it difficult for individuals to travel the great distances necessary to receive these services. Medical staff go into the field for clinics but the need is not being met because of limited staff and infrequent visits to the field. Budget limitations make it difficult for the Public Health Service to fully staff the hospitals and clinics causing individuals to receive inadequate medical help and necessitate long waiting periods before receiving service.

There is one psychiatric team for the entire Navajo Tribe. The native medicine man is an important medical person to the Indian. However, they are not plentiful and the young Indian is not choosing to be trained in the ways of the medicineman. The Public Health Service is placing emphasis on preventive medicine and endeavoring to lower the infant mortality rate, which is higher than the average for the nation. Health service for the mentally retarded, other than emergency service, is not stressed because even if a child receives complete medical and psychological evaluation there is no program near his home into which he may be placed.

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[7] Western Interstate Commission for Higher Education. Directory of Services Available to the Mentally Retarded in the Four Corners Area. Boulder, Colorado, January, 1969.

In the larger communities located near the reservations, the health services are available on a limited scale and are at a cost that is generally above the average resident's ability to pay.

Most psychological and medical evaluations for the retarded individual must be done in the large cities of the four states, necessitating extensive travel for the retarded individual and his family. Psychological evaluation needs to be developed in local areas. The evaluator needs to speak the language of the person being evaluated and test the person in a location that is non-threatening to him.

The Division of Indian Health, in cooperation with the Navajo Tribe, is making an effort to reach the rural communities. They are training individual Navajos to become health aides. The aides primary thrust will be in remote areas of the Navajo Reservation and will emphasize prevention and health education. There is a need for state health agencies to follow the pattern developed by the Health Aide Program in order to provide service for the non-Indian poverty person and the Indian living off the reservations. State Public Health nursing facilities are also under-staffed. Home nursing care is extremely limited. The nurses serving in the field need to be paid in accordance with national standards and the staffs enlarged to handle the large case loads.

Residential Care

Institutions serving the mentally retarded are from 200 to 500 miles from the Four Corners Area. While visiting the Arizona Children's Colony, the social service worker mentioned to the Project staff members that, to his knowledge, children in the institution from the Four Corners Area had never been seen by their parents after placement.

The waiting lists for institutions in Utah, New Mexico, and Arizona are long. Colorado has a staff of social workers who visit families having a member on the institution waiting list. Arrangements are made for immediate institutionalization in emergency cases and the social workers emphasize family planning. A plan for smaller residential facilities throughout the state has been proposed and would include a facility in the Four Corners Area.

The Navajo Tribal Health Committee is considering the construction of a small institution to be located on the Reservation. It will be several years, however, before this plan can be implemented.

The development of local programs would relieve insitutional waiting lists and help alleviate some need for institutionalization.

A program of social service to families with members on the waiting lists patterned after Colorado's is recommended for the other three states in the Four Corners Area.

Educational Services

Educational services for the mentally retarded in the area are limited. The following are existing programs:

1. The Bureau of Indian Affairs has special education classes for educable children in seven boarding schools. These classes serve a total of 161 children, 34 of whom are deaf and are served within the regular classrooms at one boarding school.
2. Special education classes for educable children are offered in the public schools of Farmington and Aztec, New Mexico; Cortez and Durango, Colorado; and Monticello, Utah.
3. Trainable programs are offered by the San Juan, New Mexico, Association for Retarded Children, and the school districts in Cortez and Durango, Colorado. The Association serves 25 children in a pre-school setting, a school-age program, and a limited recreation program. The trainable programs in Cortez and Durango serve approximately 20 children at the trainable level.

Efforts need to be made for state public school agencies to begin to work toward providing special education for all school districts and especially those in the Four Corners Area. Planning must get underway for cooperation between Bureau of Indian Affairs schools and public schools to provide for mentally retarded and handicapped children--as well as all children in the area. Cooperative programs such as the one being developed in Chinle, Arizona could be used as a model. The Public Health Service, Bureau of Indian Affairs Social Service Department and boarding schools and the public schools have combined their services in an effort to provide an educational program for the mentally retarded in the Chinle area.

The Indian people of the state of Colorado are attending public schools. The state of Utah has recently passed legislation enabling all school age children to be the responsibility of the State Department of Education. Utah is also making plans for a cooperative program between public schools and Bureau of Indian Affairs schools in San Juan County, Utah.

Work Training Programs

Work-training programs are beginning to be developed in the Four Corners Area. Through the efforts of the Project to develop opportunities for the handicapped adult (see p. 33), the possibility of sheltered work enterprises in the Four Corners Area is becoming a reality.

Small workshop activities are in the beginning stages of development in Mexican Hat, Utah; Gallup, Farmington, and Shiprock, New Mexico. Ignacio, Colorado has developed plans for a sheltered workshop.

There is a huge demand for work-training programs for handicapped persons, as documented by the Project survey of needs in the area.

The residents of the Four Corners usually prefer to live in the area. Much evidence has shown that persons (usually Indian) who are sent to cities for employment do not remain away from their families, but return home. The handicapped person, even if he could adjust away from his home environment, could not command a wage high enough to provide even the basic necessities for survival.

Social Work Services

Social work services in the Four Corners Area are also limited. The Bureau of Indian Affairs has social work agencies as do the Tribes. The staff of the agencies are small and the Tribal welfare agencies only handle emergency aid.

The social service agencies in non-reservation communities of the Four Corners Area are handling large case loads with insufficient funds and with insufficiently trained personnel. Homemaker service, regular home visitation, family counseling and planning efforts are almost non-existant. A strong program to train social work supervisers who could, in turn, supervise semi-skilled indigenous persons is a necessity. Salary compensation commensurate with nation-wide social work standards would attract trained social work supervisers.

A training program, patterned after the Health Aide Program, is a necessity to help with the large case loads of the state welfare departments of the Four Corners Area.

Transportation

The most urgent need in the Four Corners Area is improvement in transportation. The roads on the reservations are extremely poor and inaccessible during certain times of the year. Boarding schools would not be necessary except in extreme cases, if school buses could be provided for children to return to their homes daily.

Cooperative programs for handicapped children would necessitate transportation to and from the programs. Plans are underway to improve some of the roads on the Navajo Reservation, but until that time heavy adaptable vehicles could be used for the transporting of children. As indicated by Mr. Valdez and Miss Henderson, children were identified who could participate in existing programs in Farmington and Shiprock if transportation could be provided. A form of public transportation needs to be developed so that all persons can take advantage of the services that are available.

Recreation

Recreation is needed for all persons in the Four Corners Area, not only for the handicapped. There are many beautiful locations that could be developed into public recreation areas. In developing parks, motels, swimming and bowling facilities, etc. tourists would spend more time in the area and the residents would have easy access to available recreation facilities. In developing such facilities jobs would become available which could employ the handicapped person as well as the able-bodied.

Public Awareness

A program of public awareness regarding mental retardation and handicapping conditions is necessary. The Project staff realized early in its activities that the persons in the area know very little about mental retardation and the programs that can help the retarded individual.

A chapter of the Association for Retarded Children actively working on the reservations would help promote understanding and influence legislators, school boards, and public agencies to provide facilities and programs for their retarded children. The Project would like to recommend that the National Association for Retarded Children make an effort to organize the parents on the reservations and strengthen the activities of the existing Association for Retarded Children chapters.

PROGRAM DEVELOPMENT

The Project staff has made specific efforts to stimulate the development of programs for the mentally retarded and handicapped persons of the Four Corners Area.

Considerable effort was expended toward establishing programs for the adult handicapped person. Efforts were made to establish recreation programs, help with planning for a program in Chinle, and to create as much public awareness as was possible with the small resources that the Project had available.

The following are details regarding Project efforts in Program development.

Sheltered Work Facilities

Early in the Project in surveying the services available in the Four Corners Area, it was discovered that there were no services available for adult mentally retarded individuals. The Project felt that stimulating a sheltered work program would be an important function. In September of 1968, the Four Corners Mental Retardation Project, in cooperation with the Four Corners Regional Commission, the Association of Retarded Children of San Juan County, and the Farmington Division of Vocational Rehabilitation, held an exploratory meeting in Farmington, New Mexico, to discuss the feasibility of developing a sheltered work program in the area. Interest was evidenced by the attendance at the meeting of the four states mental retardation coordinators, representatives of Vocational Rehabilitation in the four states, Navajo and Ute Mountain Tribes, the Bureau of Indian Affairs, the Office of Economic Opportunity, Associations for Retarded Children, and representatives of other interested local and state agencies.

Discussion groups at the exploratory conference felt that there was a need for services for the adult retarded and handicapped person in the area and that the Four Corners Mental Retardation Project should be the agent to determine the feasibility of such a service.

As a direct result of the recommendations of the exploratory meeting, an application was prepared by the Project Director with the assistance of the Advisory Board and the Mental Retardation Regional Consultant, Department of Health, Education, and Welfare, Region IX for a Technical Assistant Grant. The Grant was processed through the Colorado Department of Vocational Rehabilitation to the Social and Rehabilitation Service, Department of Health, Education, and Welfare. The application was accepted and approved the first week of March, 1969.

The purpose of the visit of the Technical Assistance Consultants was to meet with communities in the Four Corners Area to discuss the feasibility of a network of sheltered workshops and programs for the mentally retarded adults of the area. The official consultants were: Mr. Isadore Salkind, San Francisco University; Dr. Sherwood Heath, Seattle, Washington; Dr. Jerrold Levy, Flagstaff, Arizona; and Mr. Tony Suazo, Washington, D.C. Mr. Salkind is the administrator of a program for sheltered workshop administration at San Francisco University; Dr. Heath is a physician who works closely with sheltered workshops in the Seattle area; Dr. Levy is an anthropologist who has worked extensively with the Indians of the Southwest, and Mr. Suazo is Executive Director of the National Association of Sheltered Workshops.

The four consultants were accompanied by the Mental Retardation Consultant, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Region VIII; Vocational Rehabilitation Facilities Specialists from Utah, Colorado, and New Mexico; and the local Rehabilitation Counselors for the Four Corners counties in Utah, Arizona, New Mexico, and Colorado.

The Director of the Four Corners Mental Retardation Project traveled with the Consultants for the entire week they were in the area and all eight of the Project staff members attended the meetings held with the consultants when in their work locations.

The Consultants met with groups in Mexican Hat, Utah; Chinle, Arizona; Window Rock, Arizona; Gallup, New Mexico; Shiprock, New Mexico; Durango, Colorado; Farmington, New Mexico; with a special briefing by the Four Corners Regional Commission. Site visits were made to the workshop in Gallup and a possible workshop site in Mexican Springs, New Mexico. They met with approximately 125 persons during their week of visitation. These persons represented the Bureau of Indian Affairs Social Service, Employment, Education, and Purchasing Departments; Public Health Service, Division of Indian Health; State Health and Welfare Agencies; public education officials; Office of Economic Opportunity personnel and other interested people.

In approximately three weeks' time, the Consultants provided a report of their recommendations. This report was available for the Advisory Board of the Four Corners Mental Retardation Project to discuss at its meeting in Farmington on March 26 and 27. Persons who had met with the Consultants during their visit were invited to attend the Advisory Board Meeting.

The group meeting with the Advisory Board made specific recommendations regarding additional locations in Chinle and Window Rock for sheltered work opportunities other than those that the Report recommended and further discussed the next step in the process of getting sheltered work facilities in the Four Corners Area.

The complete Technical Assistance Grant Report is attached as Appendix II, pages 18 - 33 of this report.

The primary recommendation of the Consultants was that a Project Development Grant be applied for in order to permit an intensive study for at least a six months period of time in order to assess activities that could be carried on in sheltered work situations that would support an evaluation work program. The Four Corners Mental Retardation Project Director, with the help of the Vocational Rehabilitation Counselor in Farmington, developed a Project Development Grant Proposal. The proposal was discussed with Arizona State University, Department of Special Education, and it was determined that Arizona State University would be the established agency within the Four Corners to administrate such a development study and take the further steps toward implementing sheltered work enterprises in the area.

A Project Development Grant was submitted to the Social and Rehabilitation Service, Department of Health, Education, and Welfare, Region IX, by Arizona State University through the Department of Vocational Rehabilitation in the State of Arizona. The Project Development Grant has been approved and the study will begin under the direction of Mr. Robert Ferrier, Vocational Rehabilitation Counselor, Farmington, New Mexico, the first of August, 1969.

The questions that need to be answered by the study are:

1. What agencies, institutions, or tribal groups need to be consulted and involved in such a project? Are they convinced of the need for the proposed project? Will they assist and support such an effort?
2. Would a traditional sheltered workshop succeed on a reservation? Would concept modification be necessary? If so, what changes or new approaches would be required?
3. What would be the disability group or groups involved? Should non-Indian handicapped in the region be eligible?
4. What existing programs or facilities, such as were reported in the Salkind Report, might become integrated into or utilized by a proposed project?
5. What types of physical facilities might be needed?
6. How many staff members, representing what disciplines, should be involved in the project?
7. How should a proposed project be related administratively to the four states involved and to the federal government?
8. What would be the approximate cost of construction or renovation of a facility or facilities and where should they be located for maximum effectiveness? How would the operation of the workshop be financed?
9. What kinds of work would be undertaken by the workshops?
10. How could state and federal assistance be gradually phased out or reduced? Could local political units assume increasing financial and administrative responsibility?

Additional questions and problems may come to light as the study progresses.

During the period of time that the Four Corners Mental Retardation Project has been in operation, a workshop has been developed to work with unemployed persons in Mexican Hat, Utah, under the sponsorship of a non-profit corporation. The facility has been leased and the State of Utah, Department of Vocational Rehabilitation, is assisting the corporation in expansion of the facility. Plans are underway to include handicapped persons in the program.

Gallup, New Mexico, through the sponsorship of the Gallup Community Council of Social Services and with the aid of a grant from the Southwest Indian Foundation, as mentioned earlier in this report, is expanding its workshop. The Director of the Four Corners Mental Retardation Project has been a consultant to the expansion of this program.

A small workshop is being developed in Farmington which will take the same pattern as the workshop in Gallup and is primarily working with reupholstering. Also the Four Corners Mental Retardation Project has been instrumental in getting a program underway in Shiprock, New Mexico, as described later in this report.

The Tri-Ethnic Association of Ignacio, Colorado, has taken definite steps toward establishing a sheltered workshop in the Ignacio area. The Colorado State Department of Vocational Rehabilitation is working with this program and feels that some definite steps toward operation of a workshop will come into actuality in the next few months.

All of these workshops are now in the beginning stages of development and are willing to become a part of a network of sheltered work services that could be made available through a large demonstration grant for the entire Four Corners Area as recommended in the Technical Assistance Consultants' Report.

The Office of Vocational Rehabilitation in Farmington will be the contact point for all further information regarding sheltered work facilities programs and a resource of information gathered by the Four Corners Mental Retardation Project after the Project ceases July 31, 1969.

Shiprock Program

During the second phase of the Project, the staff members felt that an effort should be made to provide some needed service. Each staff member gathered together a group of mentally retarded children who were not in school because programs were not provided for them.

The made contacts with persons in the communities of Chinle, Fort Defiance, Shiprock, and Blanding to investigate the possibility of a recreation program being developed in those communities. The program would need the following resources: volunteer assistance, a place to meet, transportation, involvement of the parents, and recreation equipment. After endeavoring to find all of the necessary ingredients for a program, the community of Shiprock was felt to have the necessary resources.

Primarily through the efforts of staff members Mr. George Kellywood and Miss Irma Henderson, a program was started in Shiprock. The staff members contacted parents of mentally retarded children to whom they had been referred, investigated all possible unused buildings for use, contacted interested individuals in the community and recruited the help of three VISTA workers. The Job Corps provided one high school girl to assist with the beginning of the program. In early April, a recreation program was started, meeting from 8 a.m. until noon on Saturday mornings. The facility used early in the program was a building loaned by the Church of Jesus Christs of Latter-Day Saints. Five mentally retarded trainable children have been attending the program regularly and at times there have been seven.

Early in the program there was evidence of a need for play materials. Mr. Chris Valdez, staff member, contacted the radio stations in Farmington to request donations for the program. Many persons responded by giving toys and games.

Transportation has become the major problem for the Shiprock program. Miss Henderson was the primary person responsible for the activities, but at all times has had the help of one or more of the project staff members. The retardates participating in the program have often been transported by the project staff members. No solution to the transportation problem has been made to date.

New equipment in addition to the donated toys seemed to be necessary for the program participants as well as a mid-morning snack. The staff members acquired a Navajo rug and chances were sold on the rug so as to have additional funds to purchase necessary items.

Some of the retardates participating in the program were above the age of sixteen and the local Vocational Rehabilitation Agency was contacted for assistance. Four handicapped individuals have been interviewed by the Vocational Rehabilitation Counselor and plans are underway to bring the total number over the age of sixteen in the program to ten. A certified special education teacher who has had shop teaching experience has been contacted in Shiprock. Efforts are being made to locate a permanent building for the program so that Vocational Rehabilitation can purchase services from the program for those attending who are over the age of sixteen. It will then be necessary to expand the program to five days a week. The Bureau of Indian Affairs has referred several additional persons. It is felt that activities such as the making of squaw dresses, silversmith activities, processing of wool for rug making, and woodworking will be the first activities of the program. Plans to develop the program into a work-training and activity center are being investigated and look very promising. Shiprock was one of the primary communities recommended by the Technical Assistance Consultants for a sheltered work activity. This program should develop into a permanent sheltered work center.

Special Education Classes

During the last few years, several special education classes have been developed in Bureau of Indian Affairs boarding schools. Last year there were classes in seven boarding schools serving 161 children, as mentioned earlier in this report. Special classes for training older Navajo children who did not go to school in their younger years have been held at the Aneth Boarding School and at the Intermountain School, both located in Utah. This number of children being served is only a very minimum number when considering the total need.

The Four Corners Mental Retardation Project has been instrumental in helping a group of agency personnel to investigate funding for special education classes needed in the Chinle, Arizona area.

Sixty children have been evaluated and have received physical examinations. The Project field staff has helped to gather family histories. Teachers have been identified and the classes will be ready to begin in the Fall of 1969, providing some additional funds can be raised. All avenues of possible funding are being investigated.

The Chinle program will be one of community cooperation. The public schools, Bureau of Indian Affairs boarding schools in Chinle and Many Farms, the Bureau of Indian Affairs Department of Social Service, and the Public Health Service have combined their efforts in order to provide education and training for the mentally retarded children in the Chinle area. At least one Project staff member has attended all of the organizational meetings of this group. At the time of the writing of this report, no additional plans for expansion of special education classes in the area has been brought to the attention of the Project staff.

Public Awareness

During the entire Project, staff members have called on members of agencies in the area to interest them in the activities of the Project and to inform them regarding needed services for the mentally retarded in the area. A list of agencies contacted is contained in Appendix III of this report. In addition, staff members have made presentations to the Association for Retarded Children chapters in Farmington, Gallup and Cortex; the Four Corners chapter of the Council on Exceptional Children; the New Mexico Governor's Conference on Hiring the Handicapped; McKinley County Council of Social Services; Knights of Columbus; Elks Auxiliary; Navajo Tribal Health Committee; and several chapters of the Navajo Tribe.

In addition, staff members attended a worksho for New Careers in Phoenix, Arizona; a conference on the Disabled and the Disadvantaged in San Francisco, California; area conferences on alcoholism, community planning, and community action; the state Association for Retarded Children conferences in New Mexico and Colorado; the regional and annual meetings of the American Association on Mental Deficiency, and a workshop on Federal programs for the mentally retarded.

The film "Handle With Care" was shown to several groups as was a film strip with tape in the Navajo tongue picturing and explaining the purposes of special education programs. News stories with pictures of the Project staff were carried in the Farmington Daily Times, Navajo Times, and WICHE Newsletter. A forthcoming United

States exhibition entitled "Education, U.S.A." which will travel the Soviet Union will contain pictures and publicity about the Project.

One indication of the successful efforts of the Project to create more public understanding of mental retardation has been seen by growing requests of agencies and organizations for staff members to attend meetings and conferences to make presentations throughout the Four Corners Area.

Poll of Individuals

During the final stages of the Project, the staff members saw a need to find out what the individual resident in the area felt about his work, his future, and his residence. A questionnaire was developed and the field staff interviewed a sample of persons in the area.

A total of 135 interviews were held. The data gathered to date is as follows:

Age:	Under 16	16-22	22-35	Over 36
Male:	4	16	16	18
Female:	4	31	25	21

Educational Level	
None	- 21
8th grade	- 27
12th grade	- 76
Over 12th	- 12

(Of those who attended school, 85 attended in the Four Corners Area and 33 attended elsewhere.)

Type of Work Desired

Professional	- 26	Clerical & sales	- 26
Service	- 16	Skilled	- 26
Semi-skilled	- 19	Unskilled	- 37

Willing to live in a big city? . . . . .Yes - 83; No - 52

Willing to accept job training? . . . . .Yes -114; No - 16

Willing to move for employment? . . . . .Yes -101; No - 34
(Of those who would move, 87 would take families; 34 would not.)

Would work next to a handicapped person? . . . Yes -114; No - 13; No opinion - 8

Would like to work with:
a few people - 57; a lot of people - 43; No opinion - 37

Would like:
outside work - 27; inside work - 58; No opinion - 50

Would prefer boss to be:
Spanish - 8; Anglo - 18; Indian - 29; No opinion - 80

Type of Housing Preferred

Modern - 68
Small - 16
Hogan - 2
Large house - 38
Ranch house - 5
Own home - 2

Type of Community Preferred

Large - 36 Small - 81 No Opinion - 19

What the Individual Wants Most Out of Life

Good job - 23
Good health - 49
Be a farmer - 6
Security - 3
Be a Christian - 6
Good opportunities - 24
Good education - 16
Be a good parent - 9
A good house - 2
Undecided - 4

What the Individual Wants Most for His Children

Good education - 73
Be successful - 11
Good job - 11
Get married - 2
Best of everything - 17
Live a good life - 11
Be honest - 4

The above sample will be continued during the Project Development Grant period and the data will be available at the Department of Vocational Rehabilitation, Farmington, New Mexico.

RECOMMENDATIONS

The Four Corners Mental Retardation Project recommends that:

1. Future projects in the Four Corners area: a) provide services in addition to study, b) be considered regional, not just Indian, and c) require state and federal expending of funds to provide adequate services.
2. Indigenous persons be hired by agencies as adequately paid, permanent members of agency staff.
3. Health and social service agencies be provided training programs for existing staff members and indigenous persons and that the Four Corners Regional Commission coordinate such training programs.
4. Program development done by states and agencies in the area emphasize Indian participation in planning and execution.
5. A Model Cities Program be developed in many locations in the Four Corners Area.
6. The Four Corners Regional Commission assume responsibility for periodically up-dating the Directory of Services Available for the Mentally Retarded in the Four Corners Area.
7. The indigenous persons trained in the fundamentals of mental retardation by the Four Corners Mental Retardation Project be utilized as consultants to the personnel of agencies in the area.
8. Communications between agencies, agency personnel, Indians and Spanish-surname persons be improved throughout the Four Corners Area.
9. The United States Government assist the states and tribes in: a) road improvement and paving, b) public transportation, and c) transportation for children to and from school, both public school and Bureau schools.
10. The state departments of Vocational Rehabilitation of Arizona, Colorado, and Utah follow the example set by the state of New Mexico and initiate a program involving the use of indigenous persons to work as counselors with local populations.
11. Close cooperation be given by the four states and agencies in the Four Corners Area to the Project Development Grant, now in process to assure that a network of sheltered enterprises is developed in the Four Corners Area.

Recommendations concerning mental retardation.

12. Each state appoint a professional person to be responsible for mental retardation planning and implementation for that state.
13. The National Association for Retarded Children develop chapters on Indian reservations.

Evaluation and diagnosis:

14. Better techniques for more appropriate evaluations of academic, intellectual and social functioning be developed for the Indian person, including testing in the native language, with appropriate examples incorporating Indian cultural values.
15. Institutions for evaluation and diagnosis be expanded so that minority groups will receive effective evaluation.
16. Information that has been gathered regarding individuals be placed in a central file so that it may be utilized by many agencies.

Education:

17. Public schools and Bureau of Indian Affairs schools cooperate to offer programs for the handicapped persons in the local and Indian populations.
18. Programs in special education for educable, trainable and physically handicapped children be offered in public schools and Bureau of Indian Affairs schools.
19. Pre-school programs be developed and Head Start programs be encouraged to place more emphasis on identifying and working with the handicapped pre-school child.
20. Work-study programs be organized in every high school in the area and persons trained for work that will be done within the area.
21. Bureau of Indian Affairs boarding schools add additional dormitory personnel to make possible supervision of children who have handicapping conditions and need special care.
22. Mobile classrooms and clinics be utilized for special programs and professional consultation, staffed by trained persons who can give service to small groups in rural areas.

Residential Care:

23. That a residential institution serving the profound and severely retarded individual be made available in the Four Corners Area by cooperation of the federal government, states, tribes and agencies.
24. Residential homes be provided for adult retarded persons who are participating in work-training programs.

Additional Services:

25. Recreation programs be provided in all communities throughout the area. There are very few recreation areas and programs for the normal population, and expansion of programs for the normal persons would allow for development of programs for the handicapped.
26. Homemaker service be provided for the mentally retarded.
27. Nursing home care be provided for the mentally retarded.

Public Awareness:

28. A concentrated program of public information be developed in the area by persons in each state in charge of mental retardation planning and implementation.
29. The persons in each state in charge of mental retardation planning and implementation and the Federal Government Regional Offices responsible to those states hold meetings on mental retardation on the reservations to better plan programs and stimulate public awareness.
30. That new workers trained by service agencies be provided information about mental retardation.

APPENDICES

BACKGROUND

Traditionally Indians have been regarded as wards of the federal government. They have looked to the federal government to satisfy needs and demands for goods and services. The conditions on Indian reservations are becoming more the concern of the states in which they reside. The states have recognized that not only the reservations but also the areas surrounding them are areas of poverty and low economic development. The states are concerned with the economic development in the poverty areas of their states and also with the health and welfare of all the citizens.

As a result of the Report to the President's Panel on Mental Retardation, October, 1962, and enabling legislation (Public Law 88156, Maternal and Child Health and Mental Retardation Planning Amendment of 1963), each state developed a comprehensive plan for services for the retarded based on a thorough survey of existing services and incidents of retardation in each state. State legislatures appointed state mental retardation coordinators to develop a comprehensive plan. The legislatures accepted the plans, and implementation of the recommendations was begun by allocating funds and altering laws.

In August, 1967, at Durango, Colorado, the mental retardation planning coordinators of the states of Arizona, Colorado, New Mexico and Utah together with the regional mental retardation consultants (Social and Rehabilitation Service, Department of Health, Education and Welfare) from San Francisco, Dallas and Denver, called together a group of persons representing agencies of the Four Corners area to discuss ways in which the delivery of health services to people in this area could be improved. Among agencies represented at this meeting were the Bureau of Indian Affairs, public school special education, colleges and universities, state health and welfare departments, the Department of Indian Health, and the Office of Economic Opportunity. Communities represented were: Phoenix, Flagstaff, Window Rock and Fort Defiance, Arizona; Denver, Cortez and Durango, Colorado; Santa Fe, Albuquerque and Shiprock, New Mexico; and Salt Lake City, American Fork and Blanding, Utah. The Four Corners Area, where Arizona, Colorado, New Mexico and Utah meet, is designated as a poverty area by all four states and an area that is in need of economic, health and welfare development.

The first step in the work of the representative group was to look at recommendations that each state had made in its comprehensive plan that directly related to the Four Corners Area. Arizona: (1) called on the Western Interstate Commission for Higher Education (WICHE) to plan regional treatment centers for severely handicapped children; and (2) recommended coordinated action for the various federal, state and local agencies to promote more opportunities for the integration and assimilation of the Indians into the total state effort. Colorado emphasized the need for expanded preventive techniques, particularly with the cultural subgroups in the state. New Mexico recommended (1) an in-depth study to identify agency responsibility with the Bureau of Indian Affairs for the establishment of adequate programs for the mentally retarded Indians; and (2) that the Division of Indian Health open special diagnostic and evaluation facilities for the mentally retarded. Utah recommended a special study of mental retardation problems in the Indian population in Utah.

The Durango group appointed representatives who met in Denver in September, 1967, to develop a project for the Four Corners Area that would help implement the recommendations of the state comprehensive plans. They called on the Western Interstate Commission for Higher Education to work with them in developing a proposed project that would more closely identify the problems of the area. As a direct result of the cooperative efforts, a project grant proposal was written and funded by the Social and Rehabilitation Service in cooperation with each state. The overall goal was to enhance the services for the mentally retarded in the Four Corners Area.

An Advisory Board was appointed to guide the work of the project. It was composed of the four state mental retardation coordinators, an additional member from each state who was interested professionally or non-professionally in mental retardation and appointed by the governor, representatives of the Indian tribes involved in the area, plus representatives of the Bureau of Indian Affairs and the Public Health Service, Division of Indian Health. Ex officio members were staff members of the Western Interstate Commission for Higher Education, the contract agent of the State of Arizona administering the project, and the mental retardation consultants of the three federal regions.

Statements had been made by agencies working in the area that there were services available for the mentally retarded but that the residents of the area, 43% of whom were reservation Indians, were not availing themselves of these services.

Some assumptions were therefore made by the group involved in planning regarding reasons why the services were not being utilized: (1) the residents lacked a knowledge of available services; (2) lacked understanding of how to utilize these services; (3) the cultural traditions of the Indians inhibited them from open recognition of mental retardation; (4) the nomadic quality of the Indians within the reservations made utilization of recurring visitations and follow-up of services that were offered difficult; (5) language barriers between the Indians and the agency personnel offering services caused misunderstandings; and (6) poor roads, lack of public transportation, and other geographical barriers made traveling to services additionally difficult.

In testing these assumptions the services of the area could be completely surveyed, language barriers removed, and cultural traditions examined. A better understanding of the problems of the mentally retarded in the Four Corners Area could result in more of the mentally retarded being reached and provided with services. Effective utilization of services would help them lead more rewarding and productive lives.

Because of the vast expanse of the Four Corners Area and the size of the reservations, it was determined to limit the project to a four-county area. The counties of Apache, Arizona; Montezuma, Colorado; San Juan, New Mexico; and San Juan, Utah, were the designated counties. The population of the four counties is approximately 283,709 persons residing in 63,804 square miles.

If it can be assumed that 3% (according to national estimates) of the population of the area are mentally retarded, approximately 8,000 of a population of 284,000 in four counties are mentally retarded. However, the latest statement by the President's Committee on Mental Retardation is that the incidence of mental retardation begins at 7% in the poverty populations.

DEVELOPMENT OF OBJECTIVES

Taking into consideration the recommendations of the four state comprehensive plans and the stated need for residents of the Four Corners Area to utilize existing services, the cooperating group proposed a project that would have the following four primary objectives:

1. To collect information from agencies in the area regarding the services each agency provided for the mentally retarded and the mechanics of receiving such service.

2. To assemble this information in the form of a directory of services.

3. To recruit and train indigenous workers in the fundamentals of mental retardation, services available to the mentally retarded, and the steps necessary to obtain such services.

4. To have the indigenous workers perform the roles of case finders, educators, and referral agents. The emphasis of the field work of the indigenous workers was to be support to the family of the retarded and to act as a liaison between the family and the services offered.

5. To stimulate development of services in the area.

IMPLEMENTATION OF OBJECTIVES

Directory of Services

To substantiate the assumption that services were available to the area and were not being used, it was felt that one of the important contributions of the project would be an exhaustive survey of the services available to the mentally retarded. It was felt that gaps and duplications of service could not be identified without a complete survey of local, regional and state services available to residents of the area. Services had not been previously identified for the multi-state area and a directory of services would be useful for agency personnel in the area and for the trainees in the field.

In assembling information for the directory, a questionnaire was developed (Appendix I) and mailed to agencies accompanied by a letter of explanation.

The life span of services stipulated as necessary community services for the retarded, Report to the President - A Proposed Program for National Action to Combat Mental Retardation, was used as a guideline. The agencies who were asked for information were, therefore, the ones charged with the function of providing services in the broad areas of prevention, information, physical and mental health, shelter, nurture and protection, education and training, recreation, work training and employment, economic security, and planning for the aged.

The Advisory Board, plus other personnel in agencies concerned with the problems of the mentally retarded were contacted to provide names of agencies that needed to be contacted for inclusion in the directory.

In August, 1968, the first directory for use of the trainees was produced in mimeograph form containing information of services available to the four designated counties, plus state and non-profit agencies serving either an unlimited population or the population of an entire state.

Each agency listed gave the name of the agency, address, phone number, name of person or persons in charge, type of service provided, requirements for service, steps in acquiring service, and a projection of needed services. Sixty-nine agencies were listed in the preliminary directory.

The final directory of services* added 29 agencies from the additional five counties of McKinley, New Mexico; La Plata and Archuleta, Colorado; and Coconino and Navajo, Arizona. The directory in its final form was printed in 1,200 copies for distribution to each agency listed and to each state and federal region. Additional copies are available through the project office or through the state and federal regional mental retardation offices.

Analysis of Directory

The bulk of agencies listed in the directory are those of welfare, health and education agencies stating services available to anyone in their jurisdiction, but not specifically the mentally retarded. Some state and county agencies specified a need for additional services. By comparing the directory with similar types of directories from other areas of the country, indications were that there are many agencies and organizations usually working with the mentally retarded who do not have branches or chapters functioning in the Four Corners Area.

Services that are available specifically for the mentally retarded in the Four Corners Area are specified as follows:

1. The Bureau of Indian Affairs has special education classes for educable children in seven boarding schools. These classes serve a total of 161 children, 34 of whom are deaf and are served within the regular classrooms at one boarding school.

2. Special education classes for educable children are offered in the public schools of Farmington and Aztec, New Mexico; Cortez and Durango, Colorado; and Monticello, Utah.

3. Trainable programs are offered by the San Juan, New Mexico, Association for Retarded Children, and the school districts in Cortez and Durango, Colorado. The Association serves 25 children in a pre-school setting, a school-age program, and a limited recreation program. The trainable programs in Cortez and Durango serve approximately 20 children at the trainable level.

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* Western Interstate Commission for Higher Education. Directory of Services Available to the Mentally Retarded in the Four Corners Area. Boulder, Colorado, January, 1969.

4. Diagnostic facilities are available through all state institutions, some school district testing programs, and the Mental Health Unit of the Division of Indian Health, Public Health Service. Most children must travel quite a distance for diagnostic service. The Division of Vocational Rehabilitation of the four states purchases services for their clients, primarily by sending them out of the area.

5. A small workshop for mentally retarded and handicapped persons has been developed in the Gallup area where craft items such as driftwood decorations and silversmithing are being produced and marketed through the efforts of Vocational Rehabilitation in cooperation with the Office of Economic Opportunity.

Tests that are given to Indian children are based on ability to learn in the Anglo world. Some testing devices have been developed by individuals in the Mental Health Division of the Division of Indian Health, but these are not standardized. The tests used for special education students are the general standardized tests "adjusted" for the Indian population. The school testing program is administered by Anglo psychologists. Testing is done in a location which is not familiar to the student and this is an additional handicap to adequate testing.

The directory was hoped to be a tool to discover duplication of service or overlapping services. Duplication has not proven to be the case in the counties surveyed as it often is in more populous areas. There are no chapters of Crippled Children, Cerebral Palsy, Association for Retarded Children, etc. in most of the communities. There are no voluntary agencies serving the handicapped on the reservations.

Many of the agencies recognized a lack of provision of service for the retarded and made such statements in replying to the questionnaire. The directory helped point out to some agencies the need for including services for the retarded in their long-range plans. However, the large number of unemployed persons who have economic needs, the high rate of alcoholism and mental health problems indicate that all types of services for the individual are needed in the area. There is a lack of trained personnel to work with the retarded over the entire country and this is more prevalent in poverty areas. There is a very limited amount of money to employ skilled professionals, and the area is not economically developed enough to attract sufficient professionally trained persons.

Because of the total needs of the area, services for the mentally retarded draw a low priority with almost every agency. The Division of Indian Health does not evaluate the retarded individual in most cases because there are no services

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to which he can be referred after evaluation has been made.

Some persons in agencies have taken an individual interest in the retarded and, because of this interest, the present programs are in existence.

Plans have been made for some additional services. The Bureau of Indian Affairs is endeavoring to offer more special education classes in their boarding schools. New Mexico Vocational Rehabilitation is working on the development of another small workshop in Farmington and developing work-study programs within the public schools. There is a small workshop in Mexican Hat, Utah, which is being encouraged to expand its services to include the mentally retarded. The Navajo tribe is planning to build a nursing home in Chinle, Arizona, and is in the process of discussing the building of a custodial institution for the mentally retarded and an expansion of mental health facilities on the reservation. The Four Corners Regional Commission is stimulating economic development for the area in order to raise the general standard of living which in turn will help raise the level of services for the mentally retarded.

Recruitment and Screening of Project Trainees

The following qualifications for the trainees in the project were: (1) fluency in their own language; (2) ability to read, write and speak English; (3) interest in helping their own people; (4) some work background; (5) willingness to travel in the designated four counties; (6) interest in learning a new field of study; (7) willingness to meet and work with new people; (8) willingness to attend training sessions and travel for site visitations; (9) a knowledge of and a resident of a portion of the four-county area; and (10) ownership or use of an automobile.

Bureau of Indian Affairs, state and tribal employment services were contacted. Agency personnel were given application forms and asked to recommend, among others, present or former interpreters to apply for the trainee positions. The training aspect of the position was emphasized so that applicants would think of the project positions as a short-term work-school opportunity rather than a full-time job. It was soon discovered, however, that most of the reservation jobs are short-term and seasonal. The full-time jobs in the area go primarily to trained persons, and the percentage of trained individuals within the Indian population is very small.

In the case of screening all applicants, the project director relied heavily on recommendations from agency personnel who had worked in the area for a long period of time. Each applicant was interviewed by the director plus a member of the Advisory Board whenever possible.

Four Navajo men and one Ute Mountain woman were hired. The recommendations of a health social service worker were relied upon in the case of two of the Navajo men. One Navajo man had worked with Head Start and was recommended by the head of a department of welfare. The other man was recommended by a Navajo social service worker, and the Ute Mountain woman was recommended by a tribal social service worker.

In the hiring of untrained persons who possess a different language and cultural background from that of the leadership of a program, utilizing the recommendations of persons who have had considerable experience in such hiring is an important aspect of the screening. In the case of the Indian, it is necessary to be selective regarding those who seem to be able to communicate easily during the interview. The success of a trainee in working with agency personnel is in direct relationship to his being able to speak easily with strangers.

Training Programs

The goals of the training program were: (1) to acquaint the trainees with the fundamental causes of mental retardation, intellectual and social development problems, methods of prevention, diagnostic and evaluative services, treatment, vocational programs, and residential care; (2) to identify types of agencies and organizations providing services for the retarded; and (3) to understand the methods whereby the retarded person is brought to the service that will give the help.

The training program was structured to meet the learning goals by utilizing both formal and informal classroom training. During the hiring period, they visited public health clinics, made visitations with social welfare workers, and visited special education classrooms for both the educable and trainable child.

A ten-day training program was developed (Appendix II) and held in a classroom of the San Juan Branch of New Mexico State University. A library of materials on mental retardation and related fields was provided in the classroom during the training program. Consultants were brought in to give special information to the trainees.

An explanation of the project and its relationship to other programs in the four states were explained by the project director and the chairman of the Advisory Board. Also during this time, the Directory was explained thoroughly and each trainee was assigned certain agencies to visit. An area of field assignment was given to each trainee. One was assigned to San Juan County, Utah; one to the Towaoc-Cortez area of Colorado; one to the Window Rock-Fort Defiance-Crownpoint area of Arizona and New Mexico; one to the Shiprock-Farmington area of New Mexico; and one to the Chinle-Lukachukai area of Arizona.

Dr. Elwood Pace of the Special Education Division of the State of Utah spent one day with the trainees discussing special education programs for the educable and trainable retarded emphasizing the types of curricula that could be offered to Indian children. Dr. Joan Fairchild, consultant to the Colorado Department of Institutions, further detailed education programs and demonstrated the techniques of teaching intellectual and social skills in the most effective way to retarded children.

Mrs. Marjorie Kirkland, M.S.W., Mental Retardation Consultant, Social and Rehabilitation Services, Department of Health, Education and Welfare, Region VII, explored ways of working with families. She utilized techniques of role-playing and case study in discussing the needs that the family of the retarded have that differ from those of families with normal children. She also discussed ways of utilizing services and doing follow-up work with the family.

Mr. Robert Porter, superintendent of the State Home and Training School in Grand Junction, gave a slide presentation on the School explaining the role of the institution in the life of the retarded person.

Recognizing the need for training in communication, particularly cross-cultural communication, Dr. Philip Daniels, professor of psychology at Brigham Young University, was asked to work with the trainees for two days. The time was spent in helping the trainees recognize areas of concern which they had regarding their field work, practicing techniques of giving and receiving information over the telephone and in person, translating information gained from the family to agency personnel, and learning ys of working with each other and with the project staff. Exercises, role-playing, and case studies were utilized to practice working with families and agency personnel.

A one-day classroom session was held with Dr. R. C. Vanderwagon, pediatrician with the Division of Indian Health. He explained causes of mental retardation with specific reference to retardation on the Navajo reservation. He also emphasized the need for preventive measures and ways in which the trainees could help educate the residents of the area in preventive medicine.

Following the classroom training lecture sessions, the trainees, accompanied by the project director and the project coordinator, traveled to the State Home and Training School in Grand Junction, Colorado. At the institution the trainees were exposed to all of the aspects of life within the school. An opportunity was given them to participate in each program of the institution (Appendix III). A special clinic was held by the resident physician explaining etiology by utilizing some of the residents of the institution as examples of some of the medical causes of retardation.

Each trainee visited sites in the states in which he was to work. The Los Lunas State Home and Training School and special education and sheltered work programs in Albuquerque were visited by the New Mexico trainees. The Arizona trainees visited institutions in the Phoenix area, plus sheltered work and pre-school programs. The Utah trainees visited the institution at American Fork, Utah, and all of [illegible] trainees traveled to Colorado Springs and Denver to visit day-school programs, sheltered workshops, and the State Home and Training School located in Wheat Ridge, Colorado.

Special education programs within the boarding schools of the Bureau of Indian Affairs were visited, as well as the public school programs in Farmington, New Mexico, and Cortez, Colorado. Each trainee participated in the classroom activity of the pre-school and school age programs for trainable children offered by the San Juan County Association for Retarded Children in Farmington.

Analysis of the Training Program

During some of the lecture sessions of the classroom portion of the training program, the trainees evidenced restlessness and disinterest. They did not ask any questions, and discussion was very limited. Each of the lecturers was interested in the Indian culture and tried to ask questions about the retarded within the culture, but received very little information. The trainees were not familiar with either retardation on the reservations or with the specific differences between their culture and the dominant culture. Most of the trainees had high school education only (two had some limited college work), and sitting in a classroom several hours each day was difficult for them. They had a tendency to find one example or question that brought positive response from a lecturer and to use it repeatedly. The active case study and role-playing portions of the training evoked much more animation and response from the trainees. When Dr. Daniels began to work with them regarding their concerns about the job, they stated that they had not understood a great deal of the lecture material and that some of the consultants had "talked over their heads." By working with them concerning their ability to communicate their questions and problems, Dr. Daniels helped them to feel more competent in asking questions and in conveying their difficulty in understanding certain concepts to those in authority.

In the trainees' evaluation of the training program, they indicated that the sessions with Dr. Daniels and the site visits were the most valuable learning situations. It would suggest, then, that in working in the learning situation with untrained persons, the Dewey theory of learning by doing is most effective, as is learning to be open in discussion and to reveal concerns more easily.

After the second session with Dr. Daniels, which was held during a staff meeting, the trainees showed much more openness in discussion and revealed their concerns over their work. This enabled the project director to provide some additional learning situations for them and more structure in the work situation.

Field Work

A brochure was developed to explain the project and to be used in introducing the personnel of the project (Appendix IV). Each trainee began his field work by explaining the program and introducing himself to the personnel in the assigned area of work who were most likely to know about the mentally retarded persons in the area. Systematically they visited with social workers in welfare, the Bureau of Indian Affairs, schools, hospitals, and Head Start programs; public health field workers with health departments, Division of Indian Health, school and public health nurses; education persons with the Bureau of Indian Affairs, school districts, mission schools, and persons such as teachers, principals, and counselors; vocational rehabilitation counselors; tribal officers; church workers; traders; Economic Opportunity personnel and VISTA workers. (Lists of agencies contacted can be found in Appendix V.)

The following are examples of visitations taken from the trainees' daily reports.

The first of a trainee visit to an agency person - the supervisor of an Office of Navajo Economic Opportunity Alcoholism Program:

> I told Mr. Sandoval who I was working for. He said that he was very interested in what I was doing and told me that he had five referrals in the Nageezi area. He said that he wanted me to go down to Nageezi with him to visit the homes. I told him that I would make an appointment with the families in the near future. He also told me that he would introduce me to the chapter officers at Nageezi.

A trainee's visit to a special education class:

> I visited two special education classes. They have 11 students, none of whom have been evaluated. The teacher asked me how he could get braces for one child in the school. Four of his students need glasses. I told him that I would contact the Bureau of Indian Affairs social worker about it. He said that he is very interested in working with these children and that I was welcome to visit at any time.

A brochure was designed giving the names and work area of the trainees and explaining the goals of the project. This hand-out was helpful in giving the trainees confidence in meeting new people and in creating interest in the mentally retarded and the project.

A reporting form was developed early in the field work portion of the program. A daily record was kept by each trainee and submitted to the central office at the end of each week (Appendix VI). Also, a case reporting form was developed (Appendix VII) indicating specific information as observed by the trainee while visiting the home.

By contacting agency personnel, referrals were made to the trainees, and visits to families and visits with other field workers gave the trainees the beginning of a case load of mentally retarded individuals with whom to work. Case information also came from casual conversations with families and friends.

Various types of cases were investigated by the trainees. Information was given to the trainees regarding children tied to beds, children returned home from boarding school because of inability to learn, children on waiting lists for the state institutions, and adults living at home and not participating in working life.

A five-step approach was made for the trainees' field work. When a referral was received, they would (1) check with agency personnel to see if the person was listed in their records; (2) make a visit to the client and his family; (3) report the visit to the referral agency; and (4) write a case report for the project. The case work would then be discussed with the project director and the next step to be taken was planned.

In many cases, there were no referral services available in the area. Children who had been excluded from school because of retardation had no other program available to them, and in these instances the trainees only reported the case information and tried to help ease the parents' concerns. When the trainee had knowledge of ways to help the parents, he endeavored to do so. Staff meetings were liberally utilized in discussions of what kinds of referrals were possible and what follow-up steps were helpful to the client and to the family.

In every case referred, the retarded person was known to some agency. New cases were not uncovered, although visits were made to families who had not had anyone visit the family member for from one to many years.

During the four months that the trainees were in the field, information on 56 cases was given to them. In 26 of these cases, referrals were made. (Three examples of field work are given in Appendix VIII.) Referrals were made to health, social service, and school personnel.

The trainees operated with open schedules and were not restricted by scheduled daily activities. Some activities were scheduled for them through social service departments where they were free to act as interpreters when needed on cases, and one trainee served as an aide in a trainable classroom when not busy with other project activities.

On November 1, 1968, two of the trainees received full-time jobs. One resigned from the project to work in alcoholism for the Office of Navajo Economic Opportunity. The second resigned to work for the Navajo Demonstration Project of the Arizona State Department of Welfare. Inasmuch as one of the goals of the project was to have the trainees become knowledgeable in the field of mental retardation and to become members of agency staff, this seemed to be a forward step for the project. These resignations left three trainees in the field.

Analysis of Field Work

The beginning of the field work was hampered by the inability of the trainees to define or describe mental retardation in their own languages. The Navajo and Ute languages use the word "crazy" to refer to both mental illness and mental retardation. This problem was overcome by several methods used by the trainees. They described mental retardation in the words which most suited them as individuals. Some used description, some used "differences" from other children in the family, and some used terms indicating damage to the head or the brain. One trainee described a case he visited the follow way:

> The child is small for her age. She is a shy child who doesn't walk, but is able to get around by holding onto things to support her. Her mouth is large, but even so, her tongue seems too large for her mouth. She seems to eat very little. She speaks very few words, but will slowly repeat something that is said to her.

The trainees attended a workshop held for Bureau of Indian Affairs social work aides where interpretation of difficult medical concepts was a point of discussion. The trainees' experience in endeavoring to describe the concept of mental retardation was useful in helping the other field workers describe medical terms.

One of the problems regarding analyzing the field work of the trainees is their inability to communicate well on paper. A daily log has been filled out by each of them during the entire time on the project and different types of information are gathered from this form. It is difficult to get relevant information even if time is allotted particularly for this purpose. The verbal sharing of information showed more depth and insight than the written report.

As the project director became more familiar with the activities of the trainees and they trusted her, the reports of the field work became more lengthy. More frequent staff meetings were felt to be necessary to discuss problems arising out of the trainees' cases.

One of the assumptions to be tested by the project was that language barriers were inhibiting persons from utilizing services. In many cases, because a trainee spoke to a parent in his own language, the parent unburdened himself concerning all of the ways he had endeavored to gain help for his child and the ways in which he had not been successful. The visitation would cause frustration on the part of the trainee because there were not services available for most of the cases contacted. Many of the children visited had been excluded from boarding schools because they were not able to do the academic work or, even if they could do some academic work, could not behave as expected in a dormitory of 200 students and one night attendant. Those who were visited that had been placed on waiting lists for institutionalization had been waiting from one to five years to be admitted into the institution. Meanwhile, there were no services available.

Demonstrating the feasibility of recruiting and training relatively unskilled individuals from the Indian culture to work in the field of mental retardation as referral agents was one of the goals of the project. There are indications that these persons have been successful in many ways. The trainees all retain a close identity to their own people. Inasmuch as most Indians still identify with the clan, the information about the project, mental retardation, and the activities of the trainees have been disseminated far more widely than can be documented.

In the case of the Ute Mountain reservation, the fact that the trainee is the daughter of an ex-tribal chairman has made acceptance of the project by the tribe possible and has provided an entrée into the homes on the reservation. She is greatly respected for her interest in handcapped persons.

Early in the project many agency people stated that there were a lot of retarded persons, but that no one knew the extent of the problem. The questions that the trainees raised as they visited people in the field prompted the agencies to look more closely at their records regarding the retarded. One Bureau of Indian Affairs agency, for example, maintains complete records on children with handicaps and what service, if any, has been made available to them, while other agencies do not maintain complete evaluative information.

Meetings called by the project indicated an interest of persons in the area. Before the trainees' visits in the field, agencies such as the Office of Economic Opportunity or the Office of Navajo Economic Opportunity had not been aware of the extent of retardation. Information regarding mental retardation and its causes and prevention were provided to the ONEO alcoholism program, and their field workers were made aware of the problem. They then began looking for total family problems rather than only those of the alcoholic in the family.

Additional assumptions that residents lack knowledge of the availability of services or how to utilize them proved to be an error. As previously mentioned, there are in reailty very few services available, and the Indians have only two resources to approach: the Bureau of Indian Affairs and the Public Health Service. If neither of these agencies can assist them, they do not feel that they have anywhere to go. In very recent years the Navajo tribe has developed a welfare service, but its funds are limited and its provisions are primarily for emergencies only.

Cultural factors do influence the treatment of the mentally retarded by the Indian family. The mildly and moderately retarded persons are often functioning well within the culture. The type of economic activity, such as sheep herding, can be done by a mildly retarded person adequately. There are not too many family functions that are too complex for them to take part in.

The person who has problems following an accident is also accepted by the culture. Birth defects and epileptic seizures, however, cause the family member to be ostracized or hidden. There is no understanding of these forms of handicaps.

The assumption that mobility was a problem in reaching service was partially substantiated. The roads on the reservations are impassable during wet weather. However, more and more Indians own vehicles or have near relatives who do. It is, therefore, possible for them to get to a hospital or clinic. However, no day training programs for the retarded are available for the child who has been rejected by the boarding school - regardless of distance.

There is no public transportation available within the reservations that could be utilized to get to an existing service.

RELATED PROJECT ACTIVITIES

In September of 1968, the project, in cooperation with the Four Corners Regional Commission, the San Juan County Association for Retarded Children, and the Farmington Division of Vocational Rehabilitation, held an exploratory meeting in Farmington, New Mexico, to discuss the feasibility of developing a sheltered work program in the area. Interest was evidenced by the attendance at the meeting of Vocational Rehabilitation representatives from the four states, the four state mental retardation coordinators, the Navajo and Ute Mountain tribes, the Bureau of Indian Affairs, the Office of Economic Opportunity, the Associations for Retarded

Children, and representatives of the other interested local and state agencies. It was the consensus of opinion that there is a need for services in the area and that WICHE, through the Four Corners Mental Retardation Project, would be the agent to determine the feasibility of such a service.

As a direct result of the action at the exploratory meeting, an application was prepared by the project director with the assistance of the Advisory Board and the mental retardation regional consultant (Department of Health, Education and Welfare, Region IX) for a Technical Assistance Grant. The application was submitted through the Colorado Department of Vocational Rehabilitation to the Social and Rehabilitation Service. The application was accepted and approved, and consultants will be in the area the first week of March, 1969. Four national experts in the field of Vocational Rehabilitation, plus the Region VIII SRS mental retardation consultant and representatives of all four state Vocational Rehabilitation departments will travel through the area. During this trip they will meet with community groups and agency personnel. Following the visitation, a report will be submitted to the Advisory Board of the project through WICHE making recommendations regarding the next steps for the establishment of services for the adult retarded and handicapped in the Four Corners Area.

Several discussions have been held in Chinle, Arizona, with the representatives of the Bureau of Indian Affairs Social Service and Education Departments, Public Health Service medical staff, public school personnel and dormitory personnel to identify the retarded, locate teachers and classrooms, and provide a special education service in the Chinle area. The project director and the trainees servicing this area have been in attendance at the meetings. During a visit to the reservation by the Arizona mental retardation coordinator and a federal regional consultant, a meeting was held with the Chinle group to discuss ways of financing such a special education program. At the present time, specific plans are being formulated by the Chinle group to begin a special education class by September, 1969.

At a recent Advisory Board meeting, a concern was expressed that accurate information regarding the extent of the problem of mental retardation and handicapping conditions in the area was not available. The project developed a simple information card (Appendix IX) stating the name, address, date of birth, and type of disability; 2,500 cards have been printed and distributed to agencies in the area. To date, approximately three-fourths of the agencies have responded and the project card file now contains information on 1,286 persons, of which 333 or 26% are stated to be mentally retarded.

On completion of the file, the cards will be processed so that information regarding the nature and extent of the handicapping conditions in the area can be described. At the present time, the best method of recording this information has not been determined. There are, however, several resources in the area that could be utilized for this purpose.

The Advisory Board and the project staff felt that the project had not sufficient time by December, 1968, to make a real impact on the area. The grant award was late, and early administrative problems delayed progress. The trainees had not been in the field for a long enough period of time to carry out their planning, and new trainees needed to be added to offer service in more locations in the area. It was determined to approach the Four Corners Regional Commission for financial assistance to continue the project for an additional six months. A proposal was developed by the project director and the Advisory Committee and submitted to the Four Corners Regional Commission. The proposal has been accepted and funded, and the project is to continue until July 31, 1969. Five additional trainees have been added to the staff, and the training program for them is in process.

The extension of the project will enable the completion of a study for a sheltered work program in the area, make plans for a long-range program funding that will bring services to the area, give the trainees an opportunity to complete case information and referrals, and make a greater impact on the area.

PUBLIC RELATIONS ASPECTS OF THE PROJECT

Many persons, even though they were not able to give direct referrals, were very interested in the project and felt it was important that the mentally retarded were beginning to be thought of as a particular group that needed service.

In a meeting held in August, 1968, the Advisory Committee of the Navajo Tribal Council passed a Resolution ACAU-146-68 entitled: "To Approve and to Authorize the Chairman to Designate a Representative of the Navajo Tribe to Participate as Advisor in the Four Corners Mental Retardation Project." The passage of this resolution was helpful to the trainees' work on the reservation, plus it was a commendation to the activities and concepts of the project.

Newspaper articles were printed regarding the project with pictures of the trainees in the Navajo Times and in other newspapers in Denver, Phoenix, Salt Lake City, Santa Fe, Albuquerque, Durango, and Farmington.

TECHNICAL ASSISTANT CONSULTANTS' REPORT

The following document is the report of a team of consultants which went into the Four Corners area from March 3 through the 7th for the purpose of examining the possible usefulness of rehabilitation work shops for the disabled population of the area. The consultants who comprised the team were: Dr. Jerrold E. Levy, Ph.D., Associate Professor of Anthropology, Portland State College, Portland, Oregon; Dr. Sherburne W. Heath, Jr., 1320 Terry Avenue, Seattle, Washington; Antonio Suazo, Executive Director, National Association of Sheltered Workshops and Home Bound Programs; and Isadore Salkind, Director, Rehabilitation Workshop Administration, University of San Francisco.

Because this report is the work of four consultants, it will be basically a summary of all that the team felt it could agree upon in the short time that it spent together. It should be understood very clearly that the recommendations made by the team should not be seen as authoritative and should serve only as guide lines toward future developments. The consultants were primarily concerned with developing recommendations arising out of their own areas of special interest but they were able to come together on some basic thoughts which are summarized in this report. Since the report had to be collated by one individual, with no opportunity on the part of the individual team members to correct or edit, there will unquestionably be some items which would perhaps receive different emphasis than that which emerges. We trust, however, that the main, central ideas will reflect faithfully the thinking of the consultant team.

Before proceeding further we wish to acknowledge with great thanks the quiet and skillful organizational effort which was performed by Mrs. Luallen King, the Director of the Mental Retardation Project, and her staff of trainees who did such an excellent job of coordinating the groups with whom the team met, and arranging the itinerary for the entire week. This was a massive undertaking which obviously required considerable detailed planning, and it was very competently done.

The format of this report will be to list the recommendations and then to support each of the recommendations with some comment sufficient to make the recommendations comprehensive.

1. It is strongly recommended that a project development grant be awarded to permit an intensive study for at least a six month period. The project development grant would require the hiring of a director to conduct the planning.

2. It is recommended that there be created a central administration to be governed by a non-profit corporation. This non-profit corporation would be assisted by local advisory groups which would give advice to the central organization as well as to the local individual shops in their localities.

3. It is recommended that the following locations be seriously considered for the creation, expansion, and development of workshops:

Gallup
Farmington
Mexican Hat
Ignacio
Shiprock

4. It is recommended that if workshops develop within the Navajo Reservation that the Tribal Council should be the basic organizational structure through which this development occurs.

5. It is recommended that the workshops exercise a selection policy which would protect by a quota system the right of the "conventionally disabled" to enter the workshop.

6. It is recommended that good medical procedures be a part of the administrative process of the workshop.

7. It is recommended that the "Buy Indian Act" be aggressively pursued as a means of establishing the economic base of the workshops.

8. It is recommended that all training opportunities be carefully examined to make sure that people will be trained primarily in occupations that are needed in their localities rather than at distances away from home.

9. It is recommended that, where possible, indigenous persons be encouraged to take advantage of training programs in workshop administration and supervision, such as those existing at the University of San Francisco, DePaul University, etc.

10. It is recommended that workshop planning be carried out with the consultation and full involvement of the various state directors of Vocational Rehabilitation.

Comments on Recommendations

1. It is strongly recommended that a project development grant be awarded to permit an intensive study for at least a six month period. The project development grant would require the hiring of a director to conduct the planning.

2. It should be readily apparent that a project development study is required before any other action is taken. This is a huge area, involving some nine million acres with more than 125 thousand people. There are a number of locations separated by hundreds of miles with many different kinds of groups, organizational and governmental structures. Underlying all these differences

is the stark recognition of the lack of economy. Normally a workshop has to feed upon the economic life surrounding it. In this kind of situation where no real economy exists, the workshop development would be challenged to create an economy in which it must survive. Additionally, with an unemployment rate of more than half the population it would be particularly foolish to undertake any development without this preliminary study.

A project director would be required to dig deeply into the current economic problem, explore the possibilities inherent in the "Buy Indian Act," develop the organizational structure which could handle the cultural and political complexities which abound in the area and emerge with a flexible plan of operation. Such an assignment would call for extreme dedication and, hopefully, could be fulfilled by someone who knows the area and who at the same time would be aware that the assignment would be a temporary one.

2. It is recommended that there be created a central administration to be governed by a non-profit corporation. This non-profit corporation would be assisted by local advisory groups which would give advice to the central organization as well as to the local individual shops in their localities.

It is felt by the consultants that a central organization will be required to coordinate the development of a series of workshops so that they will fit into a coherent plan which can contribute to the economic life of the entire area. It is true that at least two of the locations to be discussed are already in existence and that each of the units may develop in different ways. However, it is desirable to avoid a proliferation of small, struggling units.

A central organization could provide leadership, technical assistance, sales promotion, marketing, all functions which would be extremely difficult to support by individual units. Likewise, a central organization could provide good professional services, such as counselling, placement and supportive services which cannot be achieved by the individual unit. The central organization could provide personnel which is mobile and, because of its over-view, could help avoid common mistakes which the small units are unable to avoid.

The consultants are sensitive to the need to develop strong local leaders, capable of administering their own affairs and feel that this could best be achieved by having each of the workshops develop an advisory group. These local advisory groups could then be a part of the non-profit corporation which would administer the central organization. We feel that it is unwise to describe such a structure too tightly at the present moment. We are certainly aware, however, of the danger of creating small units which have to struggle with complicated political structures, both state and tribal as well as regional. This is made more urgent by virtue of the fact that there are very few people in the area who are knowledgeable about workshops and the kind of burdens they bear. Workshops being both a business and a rehabilitation effort engender many variables in their makeups which render them somewhat more complex than the average business.

In the event that for some reason a central non-profit organization could not be formed, there would be a need to consider other alternatives, but we feel strongly that this is the best of the possibilities.

3. It is recommended that the following locations be seriously considered for the creation, expansion, and development of workshops:

- Gallup
- Farmington
- Mexican Hat
- Ignacio
- Shiprock

It is the opinion of the consultant group that the development at Mexican Hat be encouraged to expand. Currently there is a unit there called "Yay-Bi-Chay Products Co." This workshop is operated by San Juan Resource Development Council. It is projected that the Employment Security Division of the State of Utah will lease the facilities and hire the San Juan Resource Development Council to operate the workshop. They have requested a grant through the Utah Division of Vocational Rehabilitation and would serve D.V.R. clients. D.V.R. would pay training fees after the first year of operation. There is close cooperation with the work incentive program. At the present time there are seven members of the Board, three of whom are Navajo, although we met only some of the Anglo members. Currently the trainees are essentially ablebodied unemployed Navajos who are working primarily in silversmithing, picture making and some leather crafts. The plan for this workshop would be to develop training in auto mechanics, general business such as secretaries, cashiers, etc., and graphic arts. A further aspect of the plan is to develop satellite corporations to absorb the people who are trained. This would also achieve the purpose of separating a possible profit-making function from the training aspects.

This is basically a very ambitions plan. It is difficult to assess because so little has yet developed. We are not, for example, aware of actual job possibilities which would be available to the people who would be trained in the various categories mentioned and are concerned about developing any training that would require people to leave the reservation in order to utilize the training. The workshop currently does not have serious economic problems because the workers are on welfare and receive very little additional money from the workshop. There are, however, many aspects which are favorable. There is housing available and there is an enthusiastic group of people who want the workshop to succeed. We would caution strongly that reliance upon traditional Indian crafts will not make a satisfactory economic base for the workshop. The evidence is that very few people among the Indian population can survive on the income from such craft. Likewise, training, valuable as it is, represents a cost factor and does not bring in income unless it is paid for on a fee basis. We believe that the effort should be encouraged and helped as much as possible but that it should become part of an overall workshop association so that it could take advantage of better marketing opportunities and central planning rather than trying to make it alone.

There is already started a small workshop at Gallup, working primarily with a small group of retarded people located in an old abandoned school building. This group is being assisted by the Catholic Diocese of Gallup which has leased a downtown hotel. Part of the lower floor will be available to the workshop and the upper floor will be available for residence. The Diocese is also pledging financial support for the organization of the workshop and there is evidence that despite the very primitive beginnings, a workshop could grow and function in Gallup. We were particularly impressed with the drive and initiative shown by Mr. Ferrier, the D.V.R. representative, and Mr. Garcia, one of the trainees of the mental retardation project. They have been the spearheads in the organization of the workshop. Here again, the local group is convinced that the workshop can develop with the Indian arts and crafts as the economic support. We would urge strongly that this is not enough and that they will have to look for much more significant income producing activities as the base for the shop. Some of the possible activities will be listed in other sections of the report.

Another possible location for a workshop would be in the Shiprock, New Mexico, area. There is no workshop there as yet but there seems to be community interest and support. This is the only area where special education classes exist for the retarded people and there is evidence of both need and interest for a workshop on the part of some of the Bureau of Indian Affairs personnel. The organizational structure of the workshop here would be strongly related to the tribal structure since this workshop would be located on the reservation. Its major activities would be dependent almost entirely upon what could be developed out of the "Buy Indian Act" since there is little else that could support the workshop. This unit, however, would have some advantages in that the population would probably still be part-time in school and could continue to live in the schools' dormitories. Like other groups, there would be a major problem in development of matching funds with which to start the workshop, but this is not an insurmountable problem.

Another possible location for the workshop is in Farmington, New Mexico. Here there is an association for retarded children which has just acquired a new building. The association is willing to use this building as the base for an expanded workshop and is also willing to consider taking in disabilities other than retardation. The primary problem here would be to establish the work flow that would guarantee the economic base of the shop and provide the work experiences from which training and possible placement might occur. This group, since it is not on a reservation, would have important differences from shops that are located on the reservation but would benefit greatly from being part of an overall organization and probably could take advantage of whatever is developed under the "Buy Indian Act."

Another location which could develop is at Ignacio, Colorado. Here there is strong interest, and some preliminary planning has occurred. Basically we have three groups that have formed a "Tri-Ethnic Council" that would comprise the workshop. They are the Ute Indians, the Spanish Americans, and Anglos. This group sees itself as a broad cooperative effort eager to prove that they can work together for the betterment of all the population. Currently it is difficult to assess the degree of readiness for a workshop. They appear not to have readily available matching money, and it is not possible to predict how difficult it would be to raise such money. The chief problems would appear to be rather that there is no real developed economic base, nor is there much understanding of what the workshop is all about. We would speculate, however, that because of the close cooperation of the group that it could be included in an overall effort toward the development of a workshop system.

Another location which was not seen or considered by the consultant team was the Hopi Reservation. This is a group of some six thousand people who find themselves surrounded by the Navajo tribe. Their needs are probably just as urgent as any other group, and those needs appear to have been neglected. It is hoped that their failure to be included in this consultation does not rule out the possibility that the Hopi tribe would eventually become a part of a workshop system. We are aware of the conflicting jurisdictional problems between the Navajos and the Hopis but do not feel that this is insurmountable and it would not be appropriate in central planning to neglect them further.

4. It is recommended that if workshops develop within the Navajo Reservation that the Tribal Council should be the basic organizational structure through which this development occurs.

In attempting to deal with the problem of local autonomy as it relates to an Indian Reservation, there are obvious political and bureaucratic complexities that will confront the development of a central workshop plan. There are complicated boundaries between tribes and conflicts of interest between tribes and state governments. A local community on the reservation, although it may wish to apply for funding to the state in which it exists, has a prior allegiance to the tribal government which is its direct governing body. Thus the tribal priorities will over-ride the eagerness of a given community to develop its own program, and tribal cooperation is a requisite for any site development in the area. In the case of the Navajos, the tribe is legally and financially able to provide matching funds for a project, but if it did so, it would probably insist that the project be for Navajos only, and they would not want to submit to the restrictions of inspection or off-reservation controls. Such tribal autonomy might well conflict with federal regulations demanding that all needy people living within the area be allowed to enter the workshops. Likewise, any funding efforts that are proposed at the state level are considered suspect by the Indian population, and not without good reason. When funding is considered at the state level, priorities given to the Indian problems are very low and the Indians do not want to play ball unless they are guaranteed tribal autonomy. The present flurry of activity on Indian affairs by the State of Utah is resented as coming directly from the need on the part of the State to justify its move to expropriate Navajo oil royalties from lands on the reservation in Utah. In the light of all these complications it would appear wise to move more slowly in the establishment of workshops on the reservation sites and to make certain that tribal autonomy becomes the basic governing principal. Such a course would avoid the problem of separate negotiations with three different states and would guarantee that the central decision making body will take the responsibility for the Navajo area, which is as large as the State of West Virginia, and eminently more complex. It is not in any way implied that the workshops are less necessary on the reservation than off, but it will be more difficult to begin them because of the political complexities.

5. It is recommended that the workshops exercise a selection policy which would protect by a quota system the right of the "conventionally disabled" to enter the workshop.

Because the Four Corners area has such a high rate of unemployment, the development of projects for the handicapped obviously presents serious political and economic problems for the whole community. Any effort to create jobs for the handicapped would seem almost inappropriate with so many able-bodied young men with families receiving welfare. It is clear that any workshop established to take care of the needs of the handicapped would be swamped by able-bodied applicants looking for jobs. Our recommendation would be that the "conventionally disabled" be protected by some quota percentage to be determined by the central administration. It is understood that there will be difficulties in the application of such a policy but it might be the only way to protect the right of the disabled workers to enter the workshop. It should also be understood that this situation is not as anomalous as it might seem, because by its very nature the workshop, if successful, will generate more economic activity to be shared by the increasing able-bodied population. In any event, this problem must be faced and it is probably wisest to recognize that able-bodied people will enter the workshop because of the pressure of unemployment. Many of these able-bodied people, however, would in any event fit into the category of "disabled" since they will be alcoholics. For our purpose though, we shall assume that at least one-half of the workers in the workshops would be the "conventionally disabled."

6. It is recommended that good medical procedures be a part of the administrative process of the workshop.

Included in this report is a guide, Appendix #1, for medical evaluation in sheltered workshops prepared by a medical consultant member of the team. There are many facets of medical evaluation which will become difficult to guarantee in dealing with the Four Corners area. There are probably overlapping services while at the same time there are many gaps. The problem of delineating disability is compounded in the Four Corners area by the relative cultural and educational disadvantage of the Indian population. The problem of alcoholism among the otherwise able-bodied and the chronic high unemployment rate with its attendant competition for available jobs is acute. Medical consultation should be available:

1. To establish or confirm medical disability,
2. To delineate secondary disabilities which may further impair overall functioning,
3. To determine which disabilities can be reduced with definitive treatment and to institute or prescribe such measures,
4. To indicate restrictions in employment due to disability.

Medical consultation should be available for periodic reassessment of workshop employees and to advise regarding facets of industrial medicine as related to the workshop.

In conferences with tribal and community leaders, little was said about patients with major motor disabilities such as strokes and spinal cord injuries. However, from medical sources it is learned that these patients, usually unable to adapt to the rigors of native life without further deterioration in their condition, gravitate to the hospitals for long and indefinite periods of time. This group should be considered for services through a satellite workshop program in the hospital or other collective living areas, possibly in conjunction with home bound work programs.

7. It is recommended that the "Buy Indian Act" be aggressively pursued as a means of establishing the economic base of the workshops.

The problem of creating a flow of work in the workshops is the most single pressing one in the minds of the consultants. This arises primarily out of the fact that there is almost no basic industry from which the workshops could draw their economic support. We are concerned with the current preoccupation of the Anglo group who are generally interested in workshops and who feel that the products of Indian arts and crafts should provide the basic support. We cannot overemphasize the fact that historically the production of Indian crafts has never been a profitable venture for anyone. This has been the dream of the local white man but it is not the dream of the young Navajos or Hopis. If workshops develop with only this notion for economic support, they will be in grave danger. The same situation would seem to apply, perhaps to a lesser extent, with regard to agricultural pursuits. The effort to turn Indians into dirt farmers is apparently fraught with many serious difficulties and should not be considered as a major hope until there is serious willingness on the part of federal authorities to guarantee the financing of irrigation on a vast scale. There are probably some limited activities of an agricultural nature that could be very helpful along with other activities in a workshop but we are not able at this time to project what they might be.

One group in the Farmington area is examining the feasibility of rescuing some apple orchards which are now disease infected and neglected as a result of marketing problems. This might well be a possibility if, after close examination, it is revealed that investment would be minimal.

Appendix #2 is a copy of the Bureau of Indian Affairs regulations dealing with the "Buy Indian Act" which was passed back in 1910 but which has not really been put to full use. We believe that its language is broad and inclusive enough to provide a serious economic base for a series of workshops, particularly these that would develop on the reservation. It is urgent that this be seriously considered in the most creative and aggressive manner possible since there is almost nothing else that could provide the economic basis of the workshops. We will attempt in this section to list some of the possible applications that might be made that would provide the work activities for the workshops. They are not to be considered as exhaustive and each one would have to be carefully examined for its feasibility. It is obvious, however, that many millions of dollars worth of goods and services are bought by the Bureau of Indian Affairs for use on the reservations and it is clear from the law that the Bureau could purchase these from workshops, and need not even be restricted by a competitive price. Some of the activities might be as follows:

laundry for all the boarding schools

repair of shoes

repair of clothing

cabinet and furniture making

prefabrication of building units

prefabrication of window units

furniture repair

slaughter house and tannery

book binding

printing and graphic arts to supply government needs

metal work (canopies for pick-up trucks)

fabrication of highway stakes and signs

manufacture of cleaning compounds (from unused sawdust in the timber area)

reforestation

road building

These are only a few of the areas that should be examined for possible applications of the "Buy Indian Act." There are, of course, many other kinds of activities that will generate jobs as well as training. The large scale development of tourism would create job opportunities for both handicapped and able-bodied people. An intensive campaign to promote the entrance of new industries would not only provide more jobs for the able-bodied but might provide subcontracts for the workshops. It is quite possible that Fairchild, for example, might be able to supply the workshop with some work from its plant located in the area. Likewise, any new industry which is being invited into the Four Corners region should be explored as a possible source of subcontract work and income.

Although the consultants did not have an opportunity to examine all the priorities and possibilities listed in the general aims of the Four Corners Regional Commission, there is a general feeling that the priorities given to road building are low. Unquestionably a good deal of thought has been given to the problem of roads and it is probably seen as an inordinately expensive problem. Currently there are only some 500 miles of paved roads covering the approximately nine million acres, and it would take $857 million to pave all the required roads. While this may seem to be an impossible amount of money, it is difficult to see how the economy of the area can develop without such a major investment for roads. Road building itself would create many jobs for able-bodied people. It would eliminate the need for the multiplexity of boarding schools and education would be developed through the public school system. With adequate roads there would be a greater interest of a development toward community life and this in itself would generate and centralize much economic activity. Building roads would, in addition, create whole new industries, such as tourism, service stations, motels -- all of these activities would create training and employment opportunities for handicapped as well as able-bodied people and the better trained able-bodied would not be in competition for the less skilled jobs. Eventually the creation of communities would generate a more realistic and potent kind of political organization which could guarantee to all the different ethnic groups their appropriate voice in the life of the community. We thus see road building as a sort of geo-political necessity in trying to cope with the economic vacuum which exists in the area.

8. It is recommended that all training opportunities be carefully examined to make sure that people will be trained primarily in occupations that are needed in their localities rather than at distances away from home.

As a team of consultants making a very quick superficial tour of the area, we were constantly impressed with the frequent complaint that many people on the reservation had been trained in a variety of skills and that because the Indians did not fair well off the reservation and returned, these skills were not utilized and the training was thus rendered ineffective. It would be important that workshops not fall into the same error and that before any skill training is undertaken that there be a careful inventory of needs on the reservation. If there is already in existence such an inventory, this should be intensively studied by the workshop groups contemplating giving the training. We are forced to accept the recognition that most of the people living on the reservation will continue to do so for the predictable future, and training efforts should take this fully into account. The consultants were not able to deal with this problem fully as a team. As a result these comments are probably not reflective of the entire group. One of the consultants, however, knows the area and is currently living and working very near it. He reflects the opinion that there has been very little realistic planning for the training of the native population and that the thinking which has gone on in the past has resulted in needless waste. There is still a danger that the handicapped may be trapped into making dolls and whiskbrooms -- a concept more closely related to the 19th century rather than the 20th.

All these considerations must be weighed against future developments in the economic life of the area. Should these develop favorably then some of the projected areas for training in business, merchandising, retail sales, cashiering, automechanics, etc., will present themselves as realistic training possibilities for all kinds of handicapped and non-handicapped people. Again, all of this depends upon a very careful analysis of the existing labor market and its needs. We are not in a position to make projections about the future economic development of the area with the limitations of federal funding imposed by massive military expenditures, and so must relate our comments to the existing situation.

There appears to be right now a need for nurses aids, welfare aids, medical aids and for personnel trained in general business and clerical areas. Again, the inventory should establish approximately how many people are needed now and how many might be needed ten years from now.

9. It is recommended that, where possible, indigenous persons be encouraged to take advantage of training programs in workshop administration and supervision, such as those existing at the University of San Francisco, DePaul University, etc.

There will be other training needs of a different sort. Should workshops develop as a viable part of the economy it would be essential that indigenous elements be trained to administer and supervise the workshops. We are firmly convinced that there is ample talent and ability in the native population capable of absorbing the necessary training. There are federally sponsored training programs which offer training at no real cost to the participants. Such programs exist at the University of San Francisco, DePaul University, Wayne State University, and other locations. It is possible that the Navajo Community College will develop as a source of trained personnel that would be helpful in operating the workshops and helping them to play a significant role in the development of such personnel although it is too early in the life of the Navajo

Community College to project much activity in this direction.

10. It is recommended that workshop planning be carried out with the consultation and full involvement of the various state directors of Vocational Rehabilitation.

Because we are dealing with four different states, it is clear that the Indian problem assumes different levels of importance within each one. It is urgent that the Directors of Vocational Rehabilitation in each of the states be carefully consulted so as to guarantee some evenness of development in the overall plan. There has always been the feeling in the Indian population that their needs secure low priorities at the state level. Since this is not without some foundation, we must secure the fullest cooperation of the D.V.R. State Directors. Also, the funding for workshops would probably have to be approved by them. It is apparent that the Divisions of Vocational Rehabilitation play a very significant role in the development of workshops and their facilities specialists in the various states are knowledgeable in workshop function. Many of the facilities specialists have expert knowledge which will be useful to the development and they are in key positions to exert influence and offer help to the workshops. They can only function in this manner with the full support of their directors. This is particularly urgent where problems of priorities have to be worked out. This is not an insurmountable difficulty but it does require effective, written communication at all levels.

A guide for medical evaluation in sheltered workshops

The concept of sheltered workshops presupposes a predominant population with definite physical or mental handicaps and the documentation of the disability is usually a requirement for admission. However, this designation is too frequently perfunctory, fails to indicate the degree of disability, the potential for improving capability with treatment or the co-existence of secondary disabilities.

The margin of adaptability of a handicapped person is reduced, frequently to the point where secondary problems, often minor in themselves, assume significant proportion in the patient's social and vocational functioning. In other words, disabilities are cumulative. It is imperative then that every remediable disability be recognized and appropriately treated. Conversely certain non-involved portions of the body can be selectively developed to compensate in some measure for the disability such as developing muscular skills in the mentally retarded or hard dexterity or speech in a patient with limited mobility or tolerance. These recommendations are within the province of the examining physician.

The purposes of the medical evaluation include the following:

1. To establish a medical disability.
2. To determine the medical feasibility of some degree of vocational rehabilitation within the limitation of the disability.
3. To define remediable conditions and prescribe or arrange for indicated management.
4. To indicate active or on-going medical problems and determine that indicated medication or other treatment is available and being taken.
5. To indicate contraindications to certain work activity imposed by the disability.
6. To alert the workshop director to possible medical emergencies and to indicate the appropriate steps to be taken.

It is most desirable to maintain a confidential medical file for each workshop applicant or employee. Effort should be made to secure reports of previous medical and psychological evaluations, hospitalizations and school transcripts. Requests for this data require authorization signed by the patient if competent and of legal age; otherwise by his parent or guardian. The file will, of course, contain the initial medical evaluation, current treatment and clinical notes documenting medical visits during the period of workshop attendance. An immunization record must be kept current. It is often possible to utilize local public health facilities in conducting certain screening evaluations (chest X-ray, urinalysis, etc.) and immunizations for the entire workshop population.

It is recommended that a nurse be available on a regular full or part basis. The nurse is then able to obtain medical reports, to take a preliminary medical history and to supplement the physician's evaluation with notations of grooming and appearance, demeanor, height, weight, temperature, pulse, blood pressure, visual and hearing acuity and simple laboratory tests. If a part time physician is available on a consulting basis, his efficiency is enhanced by the preliminary work of the nurse. She also conducts sick call, gives limited treatment with authorization of a physician and screens medical emergencies to determine future management. Nurses frequently establish unique rapport with their patients as psychologist, confidant and advisor, and should be included in staff conferences.

The medical evaluation should follow the standard outline including, in order, the chief disability or complaint with documentation of its visitor, and prior treatment; past medical history; family history; social and vocational history; medical system review, and examination with particular emphasis on functional limitation. Laboratory studies should be available if not done on a routine basis. The physician may wish to devise his own history form to be completed by the patient and/or nurse. The Cornell Medical Index, a standard medical history form, has been used successfully in workshops as a guide to the examining physician. Where the workshop is dependent solely on reports from an outside physician, a standardized form employing the concepts of this guide would be desirable.

Sherborne W. Heath, Jr., M.D.
Seattle, Washington

Policy - Application of Buy Indian Act

For some time the Bureau has been purchasing from and contracting with Indians or Indian industry under the so-called "Buy Indian" Act. In the last five years there has been a significant increase in use of Buy Indian, but there is room for much more. Following the guidelines set out herein we should be able to meet the increased emphasis on use of the Act in a proper and uniform manner.

Section 23 of the Act of June 25, 1910, (36 Stat. 861; 25 U.S.C. 47), the so-called "Buy Indian Act" reads as follows:

> "So far as may be practicable Indian labor shall be employed, and purchases of the products of Indian industry may be made in the open market in the discretion of the Secretary of the Interior."

The Bureau's policy in applying this Act shall be to acquire products and services, including personal services, that are available from individual Indians or organizations which qualify as "Indian industry" where it is possible to do so. In this connection we will assist the Indians or Indian industry by training or by supervisory services designed to develop suitable knowledge and ability. Where products, materials or supplies can be made a part of personal services this is preferable because the experience gained will be the same as other contractors. No contracts shall be entered into for purely personal services with an individual Indian where he would report to and be regularly supervised by a Bureau employee.

In carrying out this policy, it is necessary to know and understand what is meant by "Indian" and "Indian industry." The following definitions shall be used for this purpose:

1. INDIAN. A person of Indian descent who could be eligible for Bureau services.

2. INDIAN INDUSTRY.

    a. Indian Tribes

    b. An individual Indian who is engaged in the manufacture or sale of the product or the furnishing of the services desired.

    c. Firms controlled by Indians, of which at least 51% of the ownership is by Indians, irrespective of location or of the labor force employed, which are engaged in the manufacture or sale of the product or furnishing of the services desired.

    d. Firms leasing a Tribal-owned facility, such as a coal mine, on an Indian Reservation and specifically required to employ Indian labor. (See 37 Comp. Gen. 368). Contracts with such firms shall require that preference in employment shall be given to local residents.

    e. Individual Indians and firms described above who, at the time of the Government's requirement, are not engaged in the manufacture or sale of the product or furnishing of the services desired, but are qualified to commence and properly perform such activity upon award of a contract.

Bureau personnel should take the necessary action to assist in locating and developing these Indian industries. Bureau purchasing and contracting personnel should maintain a close working relationship with the Branch of Industrial Development, looking toward the development of Indian industry as a source of supply. Bureau personnel, particularly those engaged in purchasing and contracting and industrial development should exercise initiative in expanding the Buy Indian program where feasible. Procurement can be effected under "Buy Indian" on a negotiated basis without competitive bidding. However, where the product or service is available from more than one firm qualifying as Indian industry, competitive negotiation shall be followed, and award based on the best offer.

The Solicitor of Labor advised by letter of May 10, 1963, that on construction contracts between the Bureau and an Indian Tribe, the Tribe is not subject to the provisions of the Davis-Bacon Act and its related statutes, if the work is performed by the Tribe.

Consequently, in view of this ruling, if the Tribe subcontracts part of the construction work to some other person or firm (including an individual Indian or business firm comprised of several individual Indians) then the Davis-Bacon Act and related labor provisions apply to that portion of the work. In the unlikely event of an Indian Tribe prime contractor subcontracting a portion of the work to another Indian Tribe subcontractor the subcontractor Tribe would be exempt from Davis-Bacon. The Davis-Bacon Act and related labor provisions would also apply if the Bureau contracted with an individual Indian or business firm comprised of several individual Indians to perform construction work or if a non-Indian prime contractor subcontracted a part of his construction contract to an Indian Tribe or an individual or group of individual Indians.

The Bureau's objectives should be carried out as efficiently under "Buy Indian" as they would be otherwise, adhering to specifications standards, quality of work performed, and economy.

Contracting with Indian Tribes may, on occasions, require the advancing of funds to meet payrolls, and for payment for purchase of supplies, equipment, and other services. Authority was granted by the Secretary of the Interior on December 20, 1963, to make advances in such cases under authority of 41 U.S.C. 255. (See memorandum from the Commissioner to All Area Directors, dated February 19, and 28, 1964, subject: "Advance payments under contracts negotiated with Indian Tribes").

Services which can be provided by Indian industry but which are currently performed by Government personnel must be approached in such a manner as to provide reasonable options for those employees without adverse actions. However, we must expand our efforts to utilize Indian industry and the process could be planned as employees are reassigned, become eligible for retirement, and as other vacancies occur.[1]

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[1] Memorandum from Commissioner of Indian Affairs, August 22, 1969, subject: "Policy - Application of Buy Indian Act."

APPENDIX III

AGENCIES VISITED BY TRAINEES

Arizona

- Adult Training and Activity Center, Phoenix
- Arizona Association for Retarded Children
- Arizona Children's Colony
- Arizona Department of Health
- Arizona Division of Vocational Rehabilitation
- Arizona State Department of Public Health
- Arizona Preschool for Retarded Children, Phoenix
- Goodwill Industries, Phoenix
- Navajo Demonstration Project, Arizona Department of Welfare
- Perry Institute, Phoenix
- Public Schools:
  - Chinle
  - Fort Defiance
  - Ganado
  - Tuba City
  - Window Rock
- Valley of the Sun, Phoenix

Colorado

- Colorado Association for Retarded Children
- Colorado Department of Institutions, Division of Mental Retardation
- Colorado State Department of Vocational Rehabilitation, San Luis Valley District
- Goodwill Industries, Colorado Springs
- Jefferson County Day Training Program
- Laradon Hall School for Exceptional Children, Denver
- Mental Retardation Division, Colorado State Hospital
- Montelores Community Board for the Mentally Retarded and Seriously Handicapped, Inc.

Colorado (continued)

- Montezuma County Association for Retarded Children
- Public Schools:
  - Cortez
  - Durango
  - Ignacio
- Robin Rogers School, Cortez
- Rocky Mountain Rehabilitation Center, Colorado Springs
- State Home and Training School, Grand Junction
- State Home and Training School, Wheat Ridge

New Mexico

- Farmington City Admin.
- Goodwill Industries, Albuquerque, New Mexico
- Los Lunas Hospital and Training School
- McKinley County Association for Retarded Children
- Navajo Children's Home, Fort Wingate
- New Mexico Association for Retarded Children
- New Mexico Services for the Blind
- New Mexico State Department of Education, Sp. Ed.
- New Mexico State Employment Security Commission
- New Mexico State Division of Vocational Rehabilitation
- New Mexico State Division of Vocational Rehabilitation, Regional Office Farmington
- Public Schools:
  - Albuquerque
  - Aztec
  - Fruitland
  - Gallup

New Mexico (continued)

- Public Schools (continued)
  - Bloomfield
  - Crownpoint
  - Farmington
  - Kirtland
  - Shiprock
  - Thoreau
- San Juan County Association for Retarded Children
- San Juan Branch New Mexico State University
- San Juan County Health Department
- San Juan County Social Services Department
- San Juan Mental Health and Counseling Service
- State of New Mexico Division of Planning and Mental Retardation
- University of New Mexico Mental Evaluation Center

Utah

- Office of Rehabilitation Services, State Board of Education
- San Juan County Commissioners
- San Juan Division of Welfare
- San Juan County Mental Health Clinic
- Utah State Board of Education, Division of Sp. Ed. Services
- Utah State Training School, American Fork

Bureau of Indian Affairs, Navajo Area

- Agency Directors
- Boarding Schools
- Education Administration
- Education Counselors
- Housing Department
- Social Service Departments
- Special Education Teachers

United States Public Health Service, Division of Indian Health

- Medical Directors
- Medical Social Workers
- Mental Health Division
- Pediatrician
- Psychologist
- Public Health Nurse
- School Clinic

U. S. Public Health Service, Div. of Indian Health (continued)

- Sanitarian
- School Clinic
- Social Service Workers

Navajo Tribe

- Officers, Councilors, and Advisors
- Chapter Officers
- Health, Education, and Welfare
- Public Services
- Tribal Social Security
- Tribal Design and Construction
- Tribal Community Action Program
- Tribal Public Relations Comm.
- The Navajo Times

Office of Economic Opportunity

- Gallup, New Mexico
- Farmington, New Mexico
- Ignacio, Colorado
- San Juan County, Utah
- Window Rock, Arizona O.N.E.O.
  - Administration
  - Alcoholism
  - Head Start
  - Navajo Culture
  - Neighborhood Youth Corp
  - Housing Improvement Train. Program
  - D.N.A. (legal service)

Ute Mountain Tribe

- Tribal Officers
- Community Development
- Community Action
- Head Start
- Department of Welfare

Mission Schools

- Saint Christopher's
- Saint Michael's
- Navajo Methodist Mission

Southern Ute Tribe

Superintendent, Bureau of Indian Affairs
Welfare Department
Tribal Officers
Council Members
Community Action Program

Volunteers in Service to America

Fairchild Camera and Instrument Corporation, Personnel Department, Shiprock

Four Corners Regional Commission

APPENDIX IV

Information Card

NAME: NO.

ADDRESS:

PARENT'S NAME:

AGE: SEX:

TYPE OF HANDICAP: (Please check)

SENSORY:
Sight ( ) Hearing ( ) Perception ( ) Speech ( )

MENTAL:
Educable ( ) Trainable ( ) Profound ( )

PHYSICAL:
Ambulatory ( ) Non-ambulatory ( )

REMARKS:

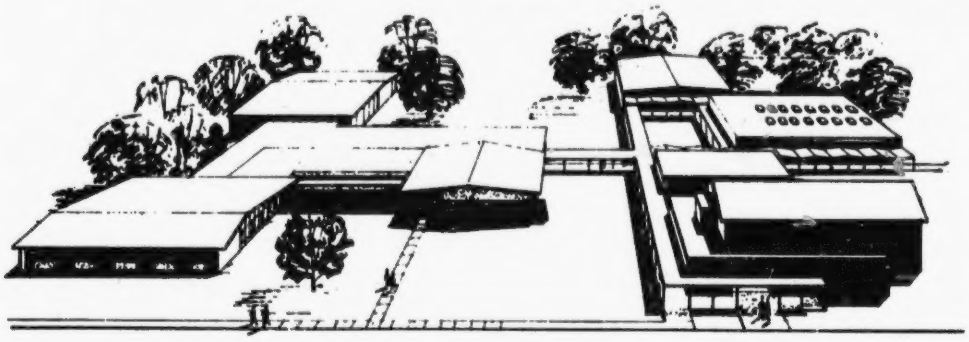
Agency..................................

STATE OF COLORADO

John A. Love
Governor

Hilbert Schauer
XXXXXXXXXXXX
Director of
Institutions

Wesley D. White, Ed. D.
Chief, Division of
Mental Retardation



Robert M. Porter
Superintendent

James E. Howell
Asst. Superintendent

Ross Sparks
Business Manager

REHABILITATION AND EDUCATIONAL CENTER

State Home and Training School

P. O. Box 2568
GRAND JUNCTION, COLORADO 81501

June 19, 1969

Mrs. Luallen B. King, Project Director
Four Corners Mental Retardation Project
620 South Lake Street
Farmington, New Mexico 87401

Dear Mrs. King:

We consider it to have been a privilege and an opportunity for service to have been active members of the Four Corners Advisory Committee on Mental Retardation. Our work brought us greater awareness for the need of the State of Colorado to continue in cooperative efforts with the other three "Four Corners" states in the solution of common problems. Although the various members of the committee were frequently not of the same mind on matters under consideration, they discussed them in sincerity and came to satisfactory agreements on courses of action.

As the Colorado representatives, we were pleased that one of our residential schools served as a training area for the first group of Indian aides who received training to have a better understanding of the problems of mental retardation. One of the trainees was a member of the Ute Mountain tribe. We have consulted her on referrals from the southwest region of Colorado as has the Director of Social Services in the Division of Mental Retardation. One can predict that this additional source of referral will be beneficial to an area where services were extremely limited. This trainee (Dorinda Wing) will probably become a member of the staff of the Cortez Community Center Robin Rogers School where she can continue to offer her services to the Indian community, as well as the other residents of the area.

Although all the other trainees will be working in Utah, Arizona and New Mexico, our state will also benefit because of the cooperative spirit developed through the various meetings of the Advisory Committee; the project staff; representatives of the Department of Health, Education and Welfare; and the state departments concerned with Indian, retardation and Special Education programs. There was awakened in each of us an awareness for all states of the Four Corners region to become concerned with the needs of the Indian population as the major disadvantaged group in the region. Our efforts have been the start of what can be the basis for future regional programs aimed at the solution of areawide mutual problems.

The project has officially closed but its influence will continue. There is no doubt but that the professional associations made by the members of the Advisory Committee will result in future informal meetings. The group might also be thought of as a nucleus for future boards if the occasion arises.

Sincerely,

Robert M. Porter

Robert M. Porter
Superintendent

Kathleen P. Littler

Kathleen Littler
State Coordinating Advisory Board

RMP:ef

cc - Dr. White

T. H. BELL
Superintendent

UTAH STATE BOARD OF EDUCATION
1050 UNIVERSITY CLUB BUILDING • 136 EAST SOUTH TEMPLE
SALT LAKE CITY, UTAH 84111 • (801) 328-5574

DIVISION OF SPECIAL EDUCATIONAL SERVICES

AVARD A. RIGBY
Administrator

July 16, 1969

Mrs. Luallen King, Director
Four-Corners Mental Retardation Project
620 Lake Street
Farmington, New Mexico

Dear Mrs. King:

In response to your recent request, I am pleased to report that the Four-Corners Mental Retardation Project with which we have been identified for the past two years, has had a positive impact upon Utah's services to the mentally retarded in the following ways:

1. It has demonstrated to key Agency personnel that properly trained indigenous people can make a significant contribution to organized programs for the handicapped.

2. The Directory of Services which was developed under the aegis of the Project has been disseminated widely in the Four-Corners area of Utah, and has become an extremely useful tool to individuals and agencies serving the economic, educational, health, and social needs of area residents.

3. Utah's representatives on the Project's Advisory Committee have secured valuable data, innovative ideas, and motivation from personnel from the other cooperating states which have been directed toward the improvement of services to mental retardates residing in Utah.

4. The development of amendments to Utah statutes prescribing improved educational and training services for the State's handicapped children and adults were influenced by research findings and related information secured through our involvement in the multi-state Four-Corners Mental Retardation Project.

It is the opinion of personnel in this Agency that we have made an excellent beginning. I sincerely hope that the necessary resources can be found to implement the excellent recommendations which grew out of this cooperative project.

Cordially yours,

Avard A. Rigby

Avard A. Rigby, Administrator
Division of Special Educational Services

AAR:ars

STATE OF NEW MEXICO

STATE PLANNING OFFICE

SANTA FE

OFFICE OF DIRECTOR

July 17, 1969

Mrs. Luallen B. King
Director
Four Corners Mental Retardation Project
620 South Lake Street
Farmington, New Mexico 87401

Dear Mrs. King:

New Mexico and the Mental Retardation Program Coordinating Council (MRPCC) entered into the Four Corners Mental Retardation Project (FCMRP) somewhat apprehensively. In a sparsely populated, low-income region, any special attention to the needs in a limited area of the state is always viewed with some suspicion. This Council and the state had previously recognized many deficiencies in services and a variety of special problems in minority groups, which really extend rather globally over the entire region. I am pleased that the outcome of the FCMRP has been so successful that it has largely dispelled these feelings.

In addition, the outcome of this project has led me to reach several positive conclusions. As is true in most areas in New Mexico, the expected deficiencies in educational, recreational, training and employment services for the retarded were again documented. However, the most significant lack is that of local awareness and involvement, particularly among the Indian population. Nonetheless, the trainees in the project have shown that by vigorous, indiginous involvement, they were able to plant the seeds of awareness and a drive to seek more services among their own people. The continued presence of the trainees in various programs and agencies in the area certainly should be an important element in sustaining some of the grassroots involvement needed.

As is universally true, the most effective efforts for improvement of services and programs can come from pressures from the community. The trainees have enthusiastically started this among the Indians as well as non-Indians. They have demonstrated that the population can respond to these needs through greater awareness and community organization. However, the lack of understanding and cultural biases in this area also have been documented as being great, and it can be anticipated that much more effort and time will be needed to overcome these obstacles. An important example of this type of problem is the very fact that in the Navajo tongue, there is no word for mental retardation.

The New Mexico State agencies responsible for services in the area cooperated enthusiastically with this project and demonstrated real concern for the population and its needs. The project staff was particularly pleased with the cooperation of the Farmington Health and Social Services staff. Also, the Farmington preschool project was quite helpful in allowing direct involvement of the trainees in that program.

Admitting that many deficiencies do exist in the Four Corners' area and the rest of our state, there was no effort by any of the state agencies to whitewash any of the problems. Furthermore, those of us outside the area became much more aware of the fact that services provided by the Bureau of Indian Affairs and other federal programs on the reservations are far less adequate than sometimes is assumed by the outsider. This latter assumption is reflected in my opening statement. Further, the impending loss of the few BIA special education classes that now exist should be a concern to our state, especially to all of those working to develop mental retardation programs. It emphasizes also a need for a second look at the relationship between federal and local school programs and how they might better augment each other.

The problem of retardation in terms of the number of cases identified is much larger in New Mexico (71 percent) than any other state. This again emphasizes the needs of our citizens and the responsibilities that we face. One could legitimately argue that this also may be a reflection of the failure to adequately meet the broad health and social needs for many years, leading to this high incidence of retardation. From these figures, the implication is clearly of a need for a stronger program in prevention as well as more direct services to the 1400 plus retarded in this area of New Mexico and their families.

The New Mexico Department of Vocational Rehabilitation has been especially cooperative and supportive of the present project as well as the new sheltered workshop project. For instance, the establishment of the new positions, VR counselor's aide, one and two, has allowed hiring of Indian aides in both the Gallup and Farmington VR offices. Those of us within the state realize that this is only one of several areas where DVR is showing aggressive action in the field of mental retardation.

At this time, I am personally pleased to be able to report to Governor Cargo and the State of New Mexico that the objectives of this program have been more than adequately met. In addition, the project has proved that representatives of the four state and federal agencies can work together in a cooperative spirit with effective results.

Finally, through this letter, I wish to personally assure Governor Cargo and the Four Corners Commission of the positive outcome of this project, as is well-documented in the final report. The assistance in funding by the commission certainly was very instrumental in attaining these goals.

Very truly yours,

J. Albert Browder

J. Albert Browder, M.D.
Chairman, Mental Retardation
Program Coordinating Council

JAB:sl
cc: Governor David F. Cargo

The reaction of the Arizona members of the Advisory Committee was to have been prepared by Mr. T. K. "Ted" Taylor. Unfortunately, Mr. Taylor's letter was not received by the time this report was printed. His reactions to the project can be obtained by writing:

Mr. T. K. "Ted" Taylor
Chief, Mental Retardation
Arizona State Department of Health
State Office Building
1624 W. Adams Street
Phoenix, Arizona 85007